


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 11-1631759	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KINGSBROOK JEWISH MEDICAL CENTER Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 585 SCHENECTADY AVENUE City or town, state or country, and ZIP + 4 BROOKLYN, NY 11203		E Telephone number (718) 604-5532
	F Name and address of principal officer LINDA BRADY MD 585 SCHENECTADY AVENUE BROOKLYN, NY 11203		G Gross receipts \$ 197,881,717
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ WWW.KINGSBROOK.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1926	M State of legal domicile NY

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR MISSION IS TO PARTNER WITH OUR CULTURALLY DIVERSE COMMUNITIES TO PROVIDE A CONTINUUM OF OUTSTANDING HEALTH CARE SERVICES TO INDIVIDUALS AND FAMILIES THROUGH A CARING AND TRUSTWORTHY STAFF		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,346
	6 Total number of volunteers (estimate if necessary)	6	291
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,895,119	4,268,470
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	186,080,518	191,253,206
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,465	88,198
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,623,208	2,271,843
		190,717,310	197,881,717
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	127,702,621	131,066,270
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 155,649		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	56,699,954	55,418,283
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	184,402,575	186,484,553
	19 Revenue less expenses Subtract line 18 from line 12	6,314,735	11,397,164
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	115,084,319	123,843,997
	21 Total liabilities (Part X, line 26)	99,521,849	100,449,784
	22 Net assets or fund balances Subtract line 21 from line 20	15,562,470	23,394,213

Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer			2013-01-23 Date	
	JOHN SCHMITT CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 PricewaterhouseCoopers LLP 300 Madison Avenue New York, NY 10017			EIN	
				Phone no (646) 471-3000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Check if Schedule O contains a response to any question in this Part III

OUR MISSION IS TO PARTNER WITH OUR CULTURALLY DIVERSE COMMUNITIES TO PROVIDE A CONTINUUM OF OUTSTANDING HEALTH CARE SERVICES TO INDIVIDUALS AND FAMILIES THROUGH A CARING AND TRUSTWORTHY STAFF

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code	(Expenses \$	155,532,351	including grants of \$	(Revenue \$	192,567,945)
	<p>THE KINGSBROOK JEWISH MEDICAL CENTER ("KJMC") IS A 326-BED MULTISPECIALTY TEACHING HOSPITAL BASED IN BROOKLYN, NY. KJMC PROVIDES A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES, MEDICAL AND SURGICAL DIAGNOSTIC TREATMENT SERVICES, PHYSICAL MEDICINE AND REHABILITATION, GERIATRIC PSYCHIATRIC MEDICINE, AS WELL AS AN AMBULATORY SURGERY CENTER, A 24-HOUR EMERGENCY ROOM, OUTPATIENT GENERAL AND SPECIALTY CLINICS.</p>					
























4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 155,532,351
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	20b	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
				Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .			179		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .			2,346		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year.				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?						
9 Sponsoring organizations maintaining donor advised funds.						
a Did the organization make any taxable distributions under section 4966?				9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12.				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders.				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.				13a		
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.				13b		
c Enter the aggregate amount of reserves on hand.				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	JOHN SCHMITT 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 (718) 604-5532

Check if Schedule O contains a response to any question in this Part VII ☒

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	7,573,563	0	651,616

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 243

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BROOKLYN KINGS HIGHWAY 585 SCHENECTADY AVENUE BROOKLYN, NY 11203	ANESTHESIOLOGY SVCS	1,100,110
BIK ORTHOPEDICS PC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203	ORTHOPEDIC SERVICES	1,067,000
JZANUS CONSULTING INC 170 JERICHO TURNPIKE FLORAL PARK, NY 11001	REVENUE CYCLE CONSUL	637,822
JZANUS LTD 170 JERICHO TURNPIKE FLORAL PARK, NY 11001	CONSULTING	534,633
DOWNSTATE OPHTHALMOLOGY ASSOCIATES 11 PLAZA STREET BROOKLYN, NY 11217	OPHTHALMOLOGY MD SVS	451,275

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶41

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	177,356				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,683,813				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	407,301				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		4,268,470				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621300	191,253,206	191,253,206			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		191,253,206				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		55,171			55,171
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0				
6a		Gross rents	(i) Real	(ii) Personal				
			312,910					
			312,910					
d		Net rental income or (loss)		312,910			312,910	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			33,027					
			33,027					
d		Net gain or (loss)		33,027			33,027	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events		0				
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities		0				
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code						
11a	AFFILIATION INCOME- AUA MEDICAL	900099	888,322	888,322				
b	AFFILIATION INCOME - NY DOWNTOWN	900099	342,417	342,417				
c	MISCELLANEOUS	900099	199,006			199,006		
d	All other revenue		529,188	84,000		445,188		
e	Total. Add lines 11a-11d		1,958,933					
12	Total revenue. See Instructions		197,881,717	192,567,945		1,045,302		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,044,838	3,523,054	521,784	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	95,152,432	82,877,768	12,145,869	128,795
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	31,869,000	25,240,248	6,601,898	26,854
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	116,682	92,412	24,270	
c	Accounting	225,000	178,200	46,800	
d	Lobbying	254,122	201,265	52,857	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	11,004,291	8,715,398	2,288,893	
12	Advertising and promotion	309,234	244,913	64,321	
13	Office expenses	18,670,644	14,787,150	3,883,494	
14	Information technology	169,880	134,545	35,335	
15	Royalties	0			
16	Occupancy	5,177,069	4,100,239	1,076,830	
17	Travel	338,804	268,333	70,471	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,042,961	826,025	216,936	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,389,982	5,852,866	1,537,116	
23	Insurance	560,148	443,637	116,511	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBTS	5,727,800	4,536,418	1,191,382	
b	FOOD COSTS	2,607,035	2,064,772	542,263	
c	OUTSIDE LAUNDRY SERVICES	1,067,885	845,765	222,120	
d	ASSESSMENTS	675,912	535,322	140,590	
e					
f	All other expenses	80,834	64,021	16,813	
25	Total functional expenses. Add lines 1 through 24f	186,484,553	155,532,351	30,796,553	155,649
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			3,529,005	1	4,133,753
	2	Savings and temporary cash investments			10,150,080	2	10,654,671
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			27,827,818	4	26,142,083
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			2,635,231	8	2,505,774
	9	Prepaid expenses and deferred charges			2,141,689	9	2,125,992
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	189,492,378			
	b	Less accumulated depreciation	10b	151,468,543	40,357,302	10c	38,023,835
	11	Investments—publicly traded securities			620,411	11	620,421
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			27,822,783	15	39,637,468
	16	Total assets. Add lines 1 through 15 (must equal line 34)			115,084,319	16	123,843,997
Liabilities	17	Accounts payable and accrued expenses			51,190,249	17	58,911,014
	18	Grants payable			0	18	0
	19	Deferred revenue			344,994	19	288,957
	20	Tax-exempt bond liabilities			9,556,253	20	8,204,919
	21	Escrow or custodial account liability Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			7,705,516	23	5,559,651
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			30,724,837	25	27,485,243
	26	Total liabilities. Add lines 17 through 25			99,521,849	26	100,449,784
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			15,562,470	27	23,394,213
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			15,562,470	33	23,394,213
	34	Total liabilities and net assets/fund balances			115,084,319	34	123,843,997

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	197,881,717
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,484,553
3	Revenue less expenses Subtract line 2 from line 1	3	11,397,164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,562,470
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,565,421
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	23,394,213

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization KINGSBROOK JEWISH MEDICAL CENTER	Employer identification number 11-1631759
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)


	Yes	No
11g(i)		
11g(ii)		
11g(iii)		






(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization KINGSBROOK JEWISH MEDICAL CENTER	Employer identification number 11-1631759
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		150,000	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV	Yes		104,122	
j Total lines 1c through 1i			254,122		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G	OTHER ACTIVITIES DESCRIPTION	KINGSBROOK JEWISH MEDICAL CENTER PAYS DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA), THE GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), AND THE HEALTHCARE ASSOCIATION OF NEW YORKSTATE (HANYS) IN ACCORDANCE WITH SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY AHA, GNYHA, HEP AND HANYS, A PORTION OF THESE DUES ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES. THE LOBBYING ACTIVITIES APPLICABLE TO 2011 AHA, GNYHA, AND HANYS ANNUAL DUES WAS \$4,929, \$76,500, AND \$13,627 RESPECTIVELY. ADDITIONALLY, THE ORGANIZATION HAS CONTRACTS WITH LOBBYISTS WHO WERE ENGAGED TO LOBBY LEGISLATORS ON BEHALF OF THE ORGANIZATION REGARDING POLICIES WHICH IMPACT THE ORGANIZATION'S EXEMPT PURPOSE AND WHICH PERTAIN TO PUBLIC HEALTH CARE. DURING 2011 KINGSBROOK JEWISH MEDICAL CENTER PAID \$150,000 IN CONNECTION WITH THESE SERVICES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KINGSBROOK JEWISH MEDICAL CENTER

Employer identification number
11-1631759

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		241,071		241,071
b Buildings		52,364,982	35,210,209	17,154,773
c Leasehold improvements				
d Equipment		133,182,265	115,613,938	17,568,327
e Other		3,704,060	644,396	3,059,664
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				38,023,835

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1197,881,717
2	Total expenses (Form 990, Part IX, column (A), line 25)	2186,484,553
3	Excess or (deficit) for the year Subtract line 2 from line 1	311,397,164
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-3,565,421
9	Total adjustments (net) Add lines 4 - 8	9-3,565,421
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	107,831,743

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1197,800,883
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b80,834	
c	Add lines 4a and 4b4c80,834	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1186,403,719
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b80,834	
c	Add lines 4a and 4b4c80,834	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART XI, LINE 8	OTHER ADJUSTMENTS	CHANGE IN PENSION AND POST RETIREMENT OBLIGATIONS (3,373,332) FIN 47 ADJUSTMENT (192,024) MISCELLANEOUS ADJUSTMENT (65) ----- ----- TOTAL (3,565,421)
SCHEDULE D, PART XII, LINE 4B AND PART XIII, LINE 4B	RECONCILIATION OF REVENUE AND EXPENSE	OTHER EXPENSES \$80,834

Open to Public Inspection

11-1631759

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF OUTING (event type)	DINNER DANCE (event type)	0 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	237,885	191,395	429,280
	2	Less Charitable contributions	140,573	36,783	177,356
	3	Gross income (line 1 minus line 2)	97,312	154,612	251,924
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	97,312	154,612	251,924
	10	Direct expense summary Add lines 4 through 9 in column (d) ►			
	11	Net income summary Combine lines 3 and 10 in column (d). ►			

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ►					

9 Enter the state(s) in which the organization operates gaming activities _____

a

Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b

If "No," Explain _____

10a

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b

If "Yes," Explain _____

Schedule G (Form 990 or 990-EZ) 2011

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KINGSBROOK JEWISH MEDICAL CENTER

Employer identification number
11-1631759

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div>	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input checked="" type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____%</div>	3b	Yes	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			3,846,458	3,032,425	814,033	0 440 %
b Medicaid (from Worksheet 3, column a)			59,323,579	28,287,636	31,035,944	16 650 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			63,170,037	31,320,061	31,849,977	17 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			129,823	90,109	39,713	0 020 %
f Health professions education (from Worksheet 5)			14,273,447	12,652,859	1,620,588	0 870 %
g Subsidized health services (from Worksheet 6)			14,220,473	13,514,562	705,911	0 380 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			28,623,743	26,257,530	2,366,212	1 270 %
k Total. Add lines 7d and 7j			91,793,780	57,577,591	34,216,189	18 360 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			7,332		7,332	
8Workforce development						
9Other						
10Total			7,332		7,332	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	25,727,800	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	569,544,123	
6	Enter Medicare allowable costs of care relating to payments on line 5	668,924,312	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7619,811	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9aYes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

Name and address

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

KINGSBROOK JEWISH MEDICAL CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	No
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address		Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 3C	NOT APPLICABLE	

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 6A	NOT APPLICABLE	

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY	KINGSBROOK JEWISH MEDICAL CENTER'S COSTING METHODOLOGY WAS BASED UPON THE 2011 NEW YORK STATE INSTITUTIONAL COST REPORT AND THE 2011 MEDICARE (FORM 2552) COST REPORT THESE COST REPORTS ARE FILED WITH THE NEW YORK STATE DEPARTMENT OF HEALTH AND THE APPLICABLE CMS INTERMEDIARY, RESPECTIVELY THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGE, WAS USED FOR THE VARIOUS SUB-LINE ITEMS OF LINE 7

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE	A/F/S FOOTNOTE - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES - NET PATIENT SERVICE REVENUE, ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BILLINGS RELATED TO SERVICES RENDERED ARE RECORDED AS NET PATIENT SERVICE REVENUE IN THE PERIOD IN WHICH THE SERVICE IS PERFORMED, NET OF CONTRACTUAL AND OTHER ALLOWANCES WHICH REPRESENT DIFFERENCES BETWEEN GROSS CHARGES AND THE ESTIMATED RECEIPTS UNDER SUCH PROGRAMS NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHER SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD PARTY PAYORS RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED ACCOUNTS RECEIVABLE ARE ALSO REDUCED FOR ALLOWANCES FOR DOUBTFUL ACCOUNTS THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTION OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGMENTS ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT DETERMINES IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED HISTORICAL COLLECTION AND PAYER REIMBURSEMENT EXPERIENCE IS AN INTEGRAL PART OF THE ESTIMATION PROCESS RELATED TO RESERVES FOR UNCOLLECTIBLE ACCOUNTS REVISIONS IN RESERVE FOR DOUBTFUL ACCOUNTS ESTIMATES ARE RECORDED AS AN ADJUSTMENT TO THE PROVISION FOR BAD DEBTS BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENT IS \$5,727,800

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 8	EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT	THE AMOUNT REPORTED ON LINE 6 WAS DERIVED BY USING THE MEDICARE ALLOWABLE COSTS AS REPORTED ON THE HOSPITAL'S NEW YORK STATE INSTITUTIONAL COST REPORT AND THE APPLICABLE ADJUSTMENT FROM WORKSHEET B

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 9B	PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS	<p>POLICY IT IS THE POLICY OF KINGSBROOK JEWISH MEDICAL CENTER TO PROVIDE COMPREHENSIVE QUALITY HEALTH CARE AND MEDICALLY ESSENTIAL SERVICES WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY</p> <p>KINGSBROOK JEWISH MEDICAL CENTER HAS IMPLEMENTED A FINANCIAL ASSISTANCE PROGRAM WHICH EVALUATES THOSE WHO ARE UNDERINSURED, HAVE EXHAUSTED THEIR INSURANCE BENEFITS OR ARE FULLY UNINSURED CURRENT CLINIC PATIENTS WITHOUT ADEQUATE FINANCIAL RESOURCES CAN RECEIVE CARE IN OUR PRIMARY / SPECIALTY CLINICS FOR FEE SCHEDULES BASED ON THEIR INCOME AND FAMILY SIZE A DETERMINATION WILL BE MADE IF THE PATIENT IS ELIGIBLE FOR REDUCED FEES NON-CLINIC PATIENTS SEEN IN THE EMERGENCY DEPARTMENT, INPATIENT, OR FOR OUTPATIENT SERVICES CAN APPLY FOR ASSISTANCE, BASED ON FINANCIAL NEED, THROUGH THE FINANCIAL ASSISTANCE PROCESS IN PATIENT ACCOUNTS, PATIENT ACCESS SERVICES/FINANCIAL COUNSELING OR AMBULATORY CARE PROCEDURES ESTABLISHED CLINIC PATIENT -THE FINANCIAL ASSISTANCE FEE SCHEDULE MUST BE USED TO ESTABLISH A FEE SCALE FOR NEW CLINIC PATIENTS WHO HAVE NO APPLICABLE INSURANCE COVERAGE - PATIENTS ARE INFORMED, AT THE TIME OF SCHEDULING, TO BRING THE FOLLOWING DOCUMENTATION, AS AVAILABLE OR APPLICABLE, TO THEIR FIRST VISIT IN ORDER TO BE ASSIGNED A FEE SCALE -PICTURE IDENTIFICATION -PROOF OF ADDRESS (LETTER/BILL MAILED TO THE PATIENT AT THEIR ADDRESS (LETTER/BILL MAILED TO THE PATIENT AT THEIR ADDRESS) -INCOME TAX 1040 (TO VERIFY DEPENDENTS) -PROOF OF INCOME -4 MOST RECENT PAY STUBS (OR) -A LETTER FROM THE PATIENT'S EMPLOYER (OR) -A STATEMENT FROM THE PATIENT STATING INCOME (OR) -IF THE PATIENT DOES NOT WORK, A LETTER FROM THE PERSON SUPPORTING THEM -THE HIGHEST INCOME LEVEL ON THE FINANCIAL ASSISTANCE FEE SCHEDULE IS 300% OF THE FEDERAL POVERTY LEVEL -WHEN AN EXISTING CLINIC PATIENT PRESENTS FOR THEIR FIRST VISIT UNDER THIS POLICY, THE REGISTRAR WILL FEE SCALE THE PATIENT USING THE FINANCIAL ASSISTANCE FEE SCHEDULE AND INPUT "CHC" AS THE REGISTRATION FINANCIAL CLASS AND COMMENT IN GNE NOTES -ALL FEE SCALES FOR CLINIC PATIENTS MUST BE RE-EVALUATED ANNUALLY USING THE FINANCIAL ASSISTANCE FEE SCHEDULE -A FEE SCALE APPROVAL IS GOOD FOR 1 YEAR FROM THE DATE OF APPLICATION AND MUST BE NOTED AS SUCH IN THE INSURANCE COMMENTS BY THE APPROVING CLINIC REGISTRAR -MOST ANCILLARY TESTING RELATED TO A CLINIC VISIT IS INCLUDED IN THE KJMC FINANCIAL ASSISTANCE PROGRAM EXCLUSIONS ARE PET SCANS, MRI'S, CT SCANS AND ULTRASOUNDS -ALL ANCILLARY TESTING RELATED TO A CLINIC VISIT, PERFORMED ON THE SAME DAY AS THE CLINIC VISIT, MUST BE PUT ON THE CLINIC ACCOUNT -ALL ANCILLARY TESTING DONE ON A DAY BESIDES THE CLINIC VISIT, THE REGISTRAR WILL PERFORM A DISTINCT P/A REGISTRATION AND ASSIGN THE "CHC" FINANCIAL CLASS AND ADD IN GNE NOTES THE DATE OF THE RELATED CLINIC VISIT -CLINIC PATIENTS (WITH ESTABLISHED FEE SCALES) SCHEDULED FOR AMBULATORY SURGERY PROCEDURES -WHEN A CLINIC PATIENT, WHO IS ALREADY QUALIFIED FOR FINANCIAL ASSISTANCE, SCHEDULES AN AMBULATORY SURGERY PROCEDURE THE PATIENT IS RESPONSIBLE FOR A PERCENTAGE OF THE ESTIMATED SELF-PAY/MEDICAID RATE THE RATES ARE AS FOLLOWS 1)ALL AMBULATORY SURGICAL PROCEDURES = \$2,500.00 2)COLONOSCOPY, ENDOSCOPY, BRONCHOSCOPY = \$1,000.00 -THE PERCENTAGE OF THE MEDICAID RATE THE PATIENT WILL BE RESPONSIBLE FOR IS DETERMINED BY THE PATIENT'S FAMILY SIZE AND TOTAL FAMILY INCOME 1)EXISTING CLINIC PATIENTS, WHO ARE ALREADY QUALIFIED FOR FINANCIAL ASSISTANCE AND WHOSE INCOME AND FAMILY SIZE ARE ABOVE 300% OF THE POVERTY LEVEL WILL BE RESPONSIBLE FOR THE HIGHEST PERCENTAGE (35%) OF THE SELF-PAY/MEDICAID RATE -THE CLINIC STAFF ARRANGING THE AMBULATORY SURGERY PROCEDURE WILL FILL OUT A RESPONSIBILITY CONTRACT AND INDICATE THE QUALIFIED LEVEL OF FINANCIAL ASSISTANCE THE PATIENT IS ELIGIBLE FOR AND FORWARD A COPY TO PATIENT ACCESS SERVICES THE ORIGINAL FORM WILL BE KEPT ON FILE IN THE ORIGINATING CLINIC -AT THE TIME OF PRE-REGISTRATION OR REGISTRATION FOR THE PROCEDURE, THE PATIENT ACCESS SCHEDULED IV STAFF WILL CONFIRM THE PATIENT'S CHARITY CARE STATUS AS A REGISTERED CLINIC PATIENT WITH A CURRENT VALID FINANCIAL ASSISTANCE PROGRAM APPROVAL -THE PATIENT WILL BE REGISTERED WITH THE "CHC" FINANCIAL CLASS AND THE APPROPRIATE PAYMENT AMOUNT COLLECTED AT THE TIME OF SERVICE -IF THERE IS NO RESPONSIBILITY CONTRACT ON FILE, THE PRE-REGISTRATION/REGISTRATION STAFF WILL REFER THE PATIENT TO PATIENT ACCESS FINANCIAL COUNSELING FOR A FINANCIAL ASSISTANCE ELIGIBILITY SCREEN -THE PATIENT ACCESS FINANCIAL COUNSELING STAFF WILL REVIEW AND ENTER THEIR COMMENTS IN THE GNE NOTES 1)IF QUALIFIED, THE STAFF WILL REGISTER THAT PATIENT WITH FINANCIAL CLASS "CHC" AND NOTE THE SAME IN GNE -THE REGISTRATION STAFF WILL ASK THE PATIENT FOR THE REDUCED PAYMENT AMOUNT AT THE TIME OF THE PROCEDURE/PST -WHEN THE PATIENT HAS BEEN REGISTERED, THE REGISTRATION STAFF WILL FORWARD A COPY OF THE REGISTRATION FACE SHEET TO MICHELLE DAVIS WITH A COPY TO KIRAN BATHEJA IN PATIENT ACCOUNTS -WHEN THE PROCEDURE HAS BEEN CODED, PATIENT ACCOUNTS WILL CONFIRM</p>

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 9B	PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS	RM THE ALLOWANCE ON THE ACCOUNT TO THE PERCENTAGE OF THE MEDICAID RATE APPROVED -THE BILL WILL GO OUT TO THE PATIENT AT THE REDUCED RATE CLINIC PATIENTS (WITH ESTABLISHED FEE SCA LES) SCHEDULED FOR INPATIENT ADMISSION OR ADMITTED VIA EMERGENCY ROOM -ALL CLINIC PATIENTS WHO BECOME INPATIENTS MUST BE EVALUATED BY PATIENT ACCESS FINANCIAL COUNSELING TO SEE IF THEY MAY BE ELIGIBLE FOR MEDICAID FOR THE INPATIENT SERVICE -IF THE PATIENT WAS ASSESSED FOR MEDICAID AND WAS NOT ELIGIBLE, THE PATIENT ACCESS FINANCIAL COUNSELING STAFF SHOULD ENTER AN ADDITIONAL GNE NOTE STATING "EVALUATED FOR MEDICAID NOT ELIGIBLE " -AT THE TIME OF THE PATIENT ACCESS SCHEDULED IV REVIEW, THE STAFF WILL CONFIRM THE PATIENT IS A REGISTERED CLINIC PATIENT WITH OR WITHOUT CHARITY CARE APPROVAL IN EAGLE AND THEIR FEE SCALE -WHEN A CLINIC PATIENT IS SCHEDULED FOR AN INPATIENT ADMISSION OR IS ADMITTED THROUGH THE EMERGE NCY ROOM, THE PATIENT IS ELIGIBLE FOR A PERCENTAGE OF THE MEDICAID DRG BASE RATE, CASE MIX NEUTRAL, OF \$9,000 00, BASED ON THE PATIENT'S FAMILY SIZE AND TOTAL FAMILY INCOME 1)EXI STING CLINIC PATIENTS, WHO ARE ALREADY QUALIFIED FOR FINANCIAL ASSISTANCE AND WHOSE INCOME AND FAMILY SIZE ARE ABOVE 300% OF THE POVERTY LEVEL WILL BE RESPONSIBLE FOR THE HIGHEST P ERCENTAGE (35%) OF THE SELF-PAY/MEDICAID RATE -THE PATIENT ACCESS FINANCIAL COUNSELING ST AFF WILL VERIFY THE PATIENT'S FAMILY SIZE AND TOTAL FAMILY INCOME USING THE FINANCIAL ASS ISTANCE FEE SCHEDULE, THE STAFF WILL CONFIRM THE FEE SCALE PERCENTAGE OF THE MEDICAID RATE THAT THE PATIENT IS RESPONSIBLE FOR -THE PATIENT ACCESS FINANCIAL COUNSELING STAFF WILL REVIEW AND ENTER THEIR COMMENTS IN THE GNE NOTES -WHEN CONFIRMED, THE ADMITTING STAFF WIL L ADMIT THE PATIENT WITH FINANCIAL CLASS "CHC " -WHEN THE PATIENT HAS BEEN ADMITTED, THE A DMITTING STAFF WILL FORWARD A COPY OF THE REGISTRATION FACE SHEET TO NANCY COOK WITH A COP Y TO KIRAN BATHEJA IN PATIENT ACCOUNTS -WHEN THE PROCEDURE HAS BEEN CODED, PATIENT ACCOUN TS WILL CONFIRM THE ALLOWANCE ON THE ACCOUNT TO THE PERCENTAGE OF THE MEDICAID RATE -THE BILL WILL GO OUT TO THE PATIENT AT THE REDUCED RATE NON-CLINIC PATIENTS SCHEDULED FOR OUT PATIENT/AMBULATORY PROCEDURES AND INPATIENT ADMISSIONS -ALL SELF-PAY PATIENTS WHO BECOME I NPATIENTS MUST BE EVALUATED BY PATIENT ACCESS FINANCIAL COUNSELING TO SEE IF THEY MAY BE E LIGIBLE FOR MEDICAID FOR THE INPATIENT SERVICE - PATIENT ACCESS SCHEDULED IV STAFF WILL RE VIEW ALL SELF-PAY PATIENTS SCHEDULED FOR AN ELECTIVE SCHEDULED PROCEDURE 1)AT THE TIME O F THE IV REVIEW, THE PATIENT ACCESS STAFF WILL CHECK IF THE PATIENT IS A REGISTERED CLINIC PATIENT WITH OR WITHOUT CHARITY CARE APPROVAL IN EAGLE AND HANDLE ACCORDINGLY -ONCE IT I S CONFIRMED THAT THE PATIENT IS NOT AN ESTABLISHED CLINIC PATIENT AND STATES THEY ARE UNABLE TO PAY FOR THE PROCEDURE, THE PATIENT ACCESS SCHEDULED IV STAFF WILL ASK THE PATIENT IF THEY HAVE BEEN ASSESSED FOR MEDICAID OR HAVE COMMUNITY MEDICAID PENDING -IF THE PATIENT RESPONDS "NO" THEN THE CASE MUST BE REFERRED TO THE PATIENT ACCESS FINANCIAL COUNSELING ST AFF THEY WILL REVIEW AND ENTER THEIR COMMENTS IN THE GNE NOTES 1)IF QUALIFIED, THE PATI ENT ACCESS FINANCIAL COUNSELING STAFF WILL PURSUE A MEDICAID APPLICATION 2)IF THE PATIEN T WAS ASSESSED FOR MEDICAID AND WAS NOT ELIGIBLE, THE PATIENT ACCESS FINANCIAL COUNSELING STAFF SHOULD ENTER AN ADDITIONAL GNE NOTE STATING "EVALUATED FOR MEDICAID NOT ELIGIBLE " - IF THE PATIENT HAS PREVIOUSLY APPLIED FOR MEDICAID AND IS INELIGIBLE, EXPLAIN THAT KINGSBR OOK JEWISH MEDICAL CENTER HAS A FINANCIAL ASSISTANCE PROGRAM FOR PATIENT'S WHO HAVE NO HEA LTH INSURANCE OR HAVE EXHAUSTED HEALTH BENEFITS AND ARE WITHOUT FINANCIAL RESOURCES TO PAY FOR MEDICALLY NECESSARY HEALTH CARE NEEDS -THESE PATIENTS SHOULD THEN BE REFERRED TO THE PATIENT ACCESS FINANCIAL COUNSELING STAFF FOR QUALIFICATION IN THE MEDICAL CENTER'S FINAN CIAL ASSISTANCE PROGRAM -PATIENTS ARE INFORMED, TO BRING THE FOLLOWING DOCUMENTATION, AS AVAILABLE OR APPLICABLE, TO THEIR FIRST

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 9	CRITERIA USED TO DETERMINE ELIGIBILITY FOR PROVIDING FREE CARE	DESPITE THE CURRENT ECONOMIC CHALLENGES AND THE NUMEROUS CLOSINGS OF AFFILIATED HEALTH CARE CENTERS, KINGSBROOK REMAINS FLEXIBLE, ESPECIALLY AS IT PERTAINS TO DOCUMENTATION REQUESTS FOR CHARITY CARE ELIGIBILITY KINGSBROOK'S FINANCIAL ASSISTANCE PROGRAM EVALUATES THOSE WHO ARE UNDERINSURED, HAVE EXHAUSTED THEIR INSURANCE BENEFITS OR ARE FULLY UNINSURED KINGSBROOK JEWISH MEDICAL CENTER'S FINANCIAL ASSISTANCE PROGRAM IS BASED UPON UP TO 300% OF THE MARCH 2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FEDERAL POVERTY GUIDELINES CURRENT CLINIC PATIENTS WITHOUT ADEQUATE FINANCIAL RESOURCES CAN RECEIVE CARE IN OUR PRIMARY/SPECIALTY CLINICS FOR FEE SCHEDULES BASED ON THEIR INCOME AND FAMILY SIZE A DETERMINATION WILL BE MADE IF THE PATIENT IS ELIGIBLE FOR REDUCED FEES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 10	CRITERIA USED TO DETERMINE ELIGIBILITY FOR PROVIDING DISCOUNTED CARE	KINGSBROOK JEWISH MEDICAL CENTER HAS IMPLEMENTED A FINANCIAL ASSISTANCE PROGRAM WHICH EVALUATES THOSE WHO ARE UNDERINSURED, HAVE EXHAUSTED THEIR INSURANCE BENEFITS OR ARE FULLY UNINSURED. CURRENT CLINIC PATIENTS WITHOUT ADEQUATE FINANCIAL RESOURCES CAN RECEIVE CARE IN OUR PRIMARY / SPECIALTY CLINICS FOR FEE SCHEDULES BASED ON THEIR INCOME AND FAMILY SIZE. A DETERMINATION WILL BE MADE IF THE PATIENT IS ELIGIBLE FOR REDUCED FEES. NON-CLINIC PATIENTS SEEN IN THE EMERGENCY DEPARTMENT, INPATIENT, OR FOR OUTPATIENT SERVICES CAN APPLY FOR ASSISTANCE, BASED ON FINANCIAL NEED, THROUGH THE FINANCIAL ASSISTANCE PROCESS IN PATIENT ACCOUNTS, PATIENT ACCESS SERVICES/FINANCIAL COUNSELING OR AMBULATORY CARE. EVERYONE IN NEW YORK STATE WHO NEEDS EMERGENCY SERVICES CAN RECEIVE CARE AND GET A DISCOUNT IF THEY MEET THE INCOME LIMITS. ANY INDIVIDUALS RESIDING IN KINGSBROOK JEWISH MEDICAL CENTER'S PRIMARY SERVICE AREA, WHICH IS DEFINED AS EAST FLATBUSH, FLATBUSH, CANARSIE, FLATLANDS, BEDFORD-STUYVESANT, CROWN HEIGHTS AND/OR EAST NEW YORK (ZIP CODES 11203, 11236, 11213, 11226, 11212, 11208, 11207, 11225, 11216), CAN GET A DISCOUNT ON NON-EMERGENCY, MEDICALLY NECESSARY SERVICES AT KINGSBROOK JEWISH MEDICAL CENTER IF THEY MEET THE INCOME LIMITS. KINGSBROOK JEWISH MEDICAL CENTER WILL NEVER DENY MEDICALLY NECESSARY CARE BECAUSE YOU MAY NEED FINANCIAL ASSISTANCE. YOU MAY APPLY FOR A DISCOUNT REGARDLESS OF YOUR IMMIGRATION STATUS. THE AMOUNT OF THE DISCOUNT VARIES BASED ON YOUR INCOME AND THE SIZE OF YOUR FAMILY. KINGSBROOK JEWISH MEDICAL CENTER'S FINANCIAL ASSISTANCE PROGRAM IS BASED UPON UP TO 300% OF THE MARCH 2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES FEDERAL POVERTY GUIDELINES, AS LISTED BELOW.

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	<p>IN 2011, KINGSBROOK JEWISH MEDICAL CENTER DID A REVIEW OF ITS PATIENT DATABASE AND DETERMINED THAT TO BETTER MEET THE NEEDS OF ITS COMMUNITY, THE HOSPITAL NEEDED TO FOCUS ON THE AREAS WHERE THE MAJORITY OF THE PATIENTS RESIDED IN AS SUCH, THE DECISION WAS MADE TO CHANGE THE IMMEDIATE CATCHMENT AREA OF THE HOSPITAL TO THE FOLLOWING NEIGHBORHOODS OF BROOKLYN - CROWN HEIGHTS (11213), BROWNSVILLE (11212), FLATBUSH (11203) AND PROSPECT HEIGHTS (11236) THIS ADJUSTMENT WAS DONE AFTER CAREFUL CONSULTATION WITH THE KJMC COMMUNITY ADVISORY BOARD AS WELL AS THE HEALTH ASSESSMENT NEEDS REPORT DEVELOPED BY COMMUNITY BOARDS 9 AND 17(BROOKLYN) IN ADDITION, THE HOSPITAL PARTNERS WITH THE BELOW LISTED GROUPS TO WORK TO BETTER IDENTIFY AND ADDRESS LOCAL NEEDS</p> <p>1 BROOKLYN HEALTHCARE IMPROVEMENT PROJECT (BHIP) - KINGSBROOK PARTNERED WITH SUNY DOWNSTATE HOSPITAL AND SEVERAL OTHER REGIONAL MEDICAL FACILITIES TO ESTABLISH A COALITION OF 29 DIVERSE GROUPS FOCUSED ON LOCAL HEALTH PLANNING INITIATIVES MEMBERS RANGE FROM HOSPITAL S AND COMMUNITY BOARDS TO COMMUNITY-BASED ORGANIZATIONS AND HEALTH INSURANCE PLANS THIS FORUM HELD MONTHLY MEETINGS AND FOCUSED ON THE CREATION OF A UNIQUE AND CURRENTLY UNAVAILABLE INVENTORY OF PRIMARY CARE SERVICE PROVIDERS AND A UTILIZATION DATABASE FOR CENTRAL BROOKLYN BHIP IS BROKEN DOWN INTO THREE WORKGROUPS</p> <p>A EMERGENCY DEPARTMENT SUBCOMMITTEE B COMMUNITY HEALTH PLANNING PARTNERSHIP/GEOGRAPHIC INFORMATION SYSTEMS (GIS) WORKGROUP PROJECT C INSURANCE SUBCOMMITTEE</p> <p>2 CLAIRE HEUREUSE COMMUNITY EMPOWERMENT PLANNING TEAM - KINGSBROOK JEWISH MEDICAL CENTER PARTNERED WITH CLAIRE HEUREUSE ADULT DAY CARE CENTER AS PART OF THE "COMMUNITY EMPOWERMENT PLANNING" TEAM TO ADDRESS THE NEEDS OF THE ELDERLY POPULATION IN CENTRAL BROOKLYN OVER A 12 MONTH PERIOD THE COMMITTEE WAS ESTABLISHED TO IDENTIFY THE NEEDS OF THE AGING POPULATION IN COMMUNITY BOARD 17, FOCUSING SPECIFICALLY ON HOUSING NEEDS, ELDER ABUSE, RECREATION FOR THE AGED, IMMIGRATION AND LEGAL ISSUES, LACK OF HEALTH CARE, SEXUAL HEALTH AND EDUCATION, HIV/AIDS AND TRANSPORTATION THE TEAM WILL FOCUS ON DEVELOPING CONSTRUCTIVE AND AGGRESSIVE OUTREACH AVENUES THAT WILL HELP US TO IDENTIFY AND ADDRESS THE NEEDS TO THE COMMUNITY</p>

Identifier	ReturnReference	Explanation
SCEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	IT IS THE POLICY OF KINGSBROOK JEWISH MEDICAL CENTER TO PROVIDE COMPREHENSIVE QUALITY HEALTH CARE AND MEDICALLY ESSENTIAL SERVICES WITHOUT REGARD TO A PATIENT'S ABILITY TO PAY KINGSBROOK JEWISH MEDICAL CENTER HAS IMPLEMENTED A FINANCIAL ASSISTANCE PROGRAM WHICH EVALUATES THOSE WHO ARE UNDERINSURED, HAVE EXHAUSTED THEIR INSURANCE BENEFITS OR ARE FULLY UNINSURED CURRENT CLINIC PATIENTS WITHOUT ADEQUATE FINANCIAL RESOURCES CAN RECEIVE CARE IN OUR PRIMARY/SPECIALTY CLINICS FOR FEE SCHEDULES BASED ON THEIR INCOME AND FAMILY SIZE A DETERMINATION WILL BE MADE IF THE PATIENT IS ELIGIBLE FOR REDUCED FEES NON-CLINIC PATIENTS SEEN IN THE EMERGENCY DEPARTMENT, INPATIENT, OR FOR OUTPATIENT SERVICES CAN APPLY FOR ASSISTANCE, BASED ON FINANCIAL NEED, THROUGH THE FINANCIAL ASSISTANCE PROCESS IN PATIENT ACCOUNTS, PATIENT ACCESS SERVICES/FINANCIAL COUNSELING OR AMBULATORY CARE EVERYONE IN NEW YORK STATE WHO NEEDS EMERGENCY SERVICES CAN RECEIVE CARE AND GET A DISCOUNT IF THEY MEET THE INCOME LIMITS ANY INDIVIDUALS RESIDING IN KINGSBROOK JEWISH MEDICAL CENTER'S PRIMARY SERVICE AREA, WHICH IS DEFINED AS EAST FLATBUSH, FLATBUSH, CANARSIE, FLATLANDS, BEDFORD-STUYVESANT, CROWN HEIGHTS AND/OR EAST NEW YORK (ZIP CODES 11203, 11236, 11213, 11226, 11212, 11208, 11207, 11225, 11216), CAN GET A DISCOUNT ON NON-EMERGENCY, MEDICALLY NECESSARY SERVICES AT KINGSBROOK JEWISH MEDICAL CENTER IF THEY MEET THE INCOME LIMITS KINGSBROOK JEWISH MEDICAL CENTER WILL NEVER DENY MEDICALLY NECESSARY CARE BECAUSE YOU MAY NEED FINANCIAL ASSISTANCE YOU MAY APPLY FOR A DISCOUNT REGARDLESS OF YOUR IMMIGRATION STATUS

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	KINGSBROOK JEWISH MEDICAL CENTER IS DEDICATED TO MEETING THE HEALTHCARE NEEDS OF ONE OF BROOKLYN'S MOST CULTURALLY DIVERSE COMMUNITIES LOCATED IN THE EAST FLATBUSH SECTION OF CENTRAL BROOKLYN, KINGSBROOK WAS FOUNDED IN 1925 AS A CHRONIC CARE FACILITY TO SERVE THE JEWISH COMMUNITY WITHIN A CULTURAL CONTEXT WHILE STILL RETAINING TIES TO THE SURROUNDING SHRINKING JEWISH COMMUNITY, KINGSBROOK HAS EXPANDED ITS PROGRAMS AND SERVICES TO MEET THE NEEDS OF THE LARGE IMMIGRANT AND ETHNIC MINORITY POPULATION IN ITS CATCHMENT AREA, INCLUDING A SIGNIFICANT NUMBER OF CARIBBEAN AND AFRICAN-AMERICANS AFTER AN ARDENT REVIEW WITH SENIOR MANAGEMENT AND LOCAL CIVIC LEADERS, IT WAS DECIDED TO STREAMLINE OUR PRIMARY FOCUS AREAS TO REFLECT OUR MOST IMMEDIATE COMMUNITIES AND THOSE AREAS THAT UTILIZE OUR FACILITY AT A HIGHER RATE THE HOSPITAL'S SERVICE AREA NOW CONSISTS OF THE BROOKLYN NEIGHBORHOODS OF EAST FLATBUSH, CROWN HEIGHTS, BROWNSVILLE, AND PROSPECT HEIGHTS THE ZIP CODES FOR THESE AREAS ARE AS FOLLOWS 11203, 11213, 11212, AND 11236 THE CATCHMENT AREA OF CENTRAL BROOKLYN WHICH KINGSBROOK SERVICES HAS A POPULATION (BASED ON THE 2000 CENSUS) OF 331,400 PEOPLE, WHICH BREAKS DOWN TO 9 2% WHITE, 81 9% BLACK AND 8 9% OTHER ADDITIONALLY, 24 1% OF THE POPULATION IS SHOWN BEING BELOW THE FEDERAL POVERTY LEVEL CENTRAL BROOKLYN RESIDENTS EXPERIENCE MORE BARRIERS TO HEALTH CARE ACCESS THAN THOSE IN NYC OVERALL ADDITIONALLY, THE UNDERINSURED POPULATION IN THIS REGION HAS NEARLY DOUBLED WITHIN THE PAST FEW YEARS LIMITED ACCESS TO HEALTHCARE SERVICES CONTRIBUTE TO THE OVERWHELMING DISEASE RATES, WHICH ARE MORE THAN DOUBLE THE STATE AND NATIONAL AVERAGES FOR THE LOWER INCOME RACIALLY DIVERSE RESIDENTS OF CENTRAL BROOKLYN REPORTS, SUCH AS "TAKE CARE NEW YORK" PREPARED BY NEW YORK CITY DEPARTMENT OF HEALTH IDENTIFY MANY OF THE KEY ISSUES CONCERNING HEALTHCARE IN CENTRAL BROOKLYN THE AFOREMENTIONED REPORT SHOWS THAT CENTRAL BROOKLYN RESIDENTS EXPERIENCE MORE BARRIERS TO HEALTHCARE ACCESS THAN THOSE IN NYC OVERALL, WITH NEARLY 3 IN 10 RESIDENTS NOT HAVING A REGULAR DOCTOR WITHIN OUR PRIMARY SERVICES AREAS (CENTRAL BROOKLYN, EAST NEW YORK AND FLATBUSH) CLOSE TO 12% OF ADULTS HAVE DIABETES ADDITIONALLY, 29% OF THE ADULT POPULATION IN CENTRAL BROOKLYN IS CONSIDERED OBESE WHICH CAN ALSO LEAD TO A VARIETY OF HEALTH PROBLEMS INCLUDING HEART DISEASE AND DIABETES THE HIV RELATED DEATH RATE IN THIS REGION IS STILL MORE THAN TWICE BOTH THE BROOKLYN AND NEW YORK CITY OVERALL RATES IN TOTAL, THERE ARE OVER 7,000 PERSONS LIVING WITH HIV/AIDS IN OUR PRIMARY SERVICE AREA ADDITIONALLY, HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL CONTRIBUTE TO HEART DISEASE AS SUCH, 31% OF RESIDENTS WITHIN OUR PRIMARY SERVICE AREA HAVE BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE AND 24% WITH HIGH CHOLESTEROL IN AN EFFORT TO COMBAT THESE DISPARITIES, OUR CENTRAL FOCUSES ARE ACCESS TO QUALITY HEALTH CARE, CHRONIC DISEASE MANAGEMENT AND INFECTIOUS DISEASE COUNSELING

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	1) ACCESS TO QUALITY HEALTH CARE RESIDENTS IN OUR SERVICE REGION OF CENTRAL BROOKLYN FACE HEALTH DISPARITIES THAT SURPASS STATE AND NATIONAL AVERAGES IN THE AREAS OF DIABETES, STROKE, HYPERTENSION AND ASTHMA OUR GOAL IS TO PROVIDE A VARIETY OF FREE SCREENING OPTIONS TO MEMBERS OF OUR COMMUNITY, ESPECIALLY THOSE WHO ARE UNINSURED AND UNDER INSURED WE AIM TO INCREASE THOSE PARTICIPATING IN OUR SCREENINGS BY 10% KINGSBROOK CONTINUES TO COLLABORATE WITH OTHER COMMUNITY PROVIDERS AND NOT-FOR-PROFIT ENTITIES, AND ALSO (WHEN APPROPRIATE) ACTS INDEPENDENTLY TO PROVIDE SCREENING AND PREVENTIVE TREATMENT SERVICES TO ITS COMMUNITY OUR EFFORTS INCLUDE OFF-SITE EVENTS IN PARTNERSHIP WITH OUR LOCAL CLERGY, SCHOOLS AND COMMUNITY BASED ORGANIZATIONS, ON-SITE EVENTS BASED ON A YEAR-LONG SCREENING CALENDAR FACILITATED AT OUR MAIN FACILITY AND AT OUR OFF-SITE PIERRE TOUSSAINT FAMILY HEALTH CENTER OUR SCREENING EFFORTS FOCUS ESPECIALLY AROUND EARLY DETECTION OF BREAST AND PROSTATE CANCERS OUR GOAL IS TO CONTINUE THESE INTENSE PROJECTS THAT PROVIDE DIAGNOSTIC SCREENING AND PATIENT AND FAMILY EDUCATION INFORMATION WE PARTNERED WITH THE DAILY NEWS FOR THE 5TH YEAR, TO TAKE PART IN THE PROSTATE CANCER WEEK-LONG SCREENING INITIATIVE, THE LARGEST OF ITS KIND IN NEW YORK CITY OUR GOAL WITH THIS PROJECT IS NOT ONLY TO INCREASE THE NUMBER OF PROSTATE SCREENINGS WE PERFORM EACH YEAR, BUT TO ALSO PROVIDE NEEDED EDUCATION AND WORKSHOPS TO THOSE WHO ARE NOT WELL INFORMED ABOUT THE DISEASE AND THE ASSOCIATED RISK FACTORS ALSO, WE LAUNCHED A PROSTATE CANCER STEERING COMMITTEE CHARGED WITH GRASSROOTS PROMOTION AND ADVOCACY TO FURTHER SUPPORT THIS EFFORT ADDITIONALLY, KINGSBROOK HAS MAINTAINED A BREAST HEALTH EDUCATION PROGRAM FUNDED BY SUSAN G. KOMEN OF GREATER NEW YORK THIS PROGRAM COUNSELS WOMEN ABOUT THE IMPORTANCE OF BREAST SCREENINGS, PROVIDES FOR A MAMMOGRAM AND FOLLOWUP COORDINATION SERVICES, AS WELL AS ONGOING CARE COORDINATION AND THE NECESSARY REFERRALS FOR THE ACTUAL TREATMENT FOR WOMEN WITH ABNORMAL FINDINGS OUR GOAL IS TO CONTINUE TO ADVANCE TOWARD OUR REQUIRED CAP OF 2,500 WOMEN SCREENED THE PROGRAM WILL SEEK TO INVOLVE ADDITIONAL PARTNERS, PREFERABLY HEALTH CARE CENTERS WITH A FOCUS ON WOMEN'S HEALTH TO HELP BROADEN OUTREACH EFFORTS AND FACILITATE THIS UNDERSERVED POPULATION DEDICATED TO EXPANDING ACCESS TO CARE, PARTNERSHIPS WITH BROWNSVILLE MULTISERVICE FAMILY HEALTH CENTER AND BEDFORD STUYVESANT MULTI SERVICE CENTER HAVE BEEN ESTABLISHED THESE VITAL COMMUNITY HEALTH CENTERS MAINTAIN A KEEN FOCUS ON WOMEN'S HEALTH ISSUES AND WORK IN CLOSELY WITH OUR PROGRAM TO IDENTIFY WOMEN IN NEED KINGSBROOK ALSO MAINTAINS A PARTNERSHIP WITH THE BROOKLYN HEALTHY LIVING PARTNERSHIP PROGRAM, WHO LIKE US, PROVIDE FREE MAMMOGRAPHY SERVICES TO WOMEN IN NEED THIS PROGRAM WORKS HAND IN HAND WITH THE KOMEN FUNDED BREAST HEALTH EDUCATION PROGRAM AND ALLOWS US THE OPPORTUNITY TO PROVIDE ADDITIONAL TREATMENT OPTIONS FOR UNDER OR UNINSURED WOMEN IN NEED 2) CHRONIC DISEASE A) DIABETES EDUCATION (LEARNING FOR LIFE) KINGSBROOK FACILITATES THE "LEARNING FOR LIFE" DIABETES PROGRAM WHICH TRAINS COMMUNITY VOLUNTEERS AND PATIENTS IN DIABETES SELF-MANAGEMENT PROTOCOLS THE PROGRAM IS OVERSEEN BY AN ADVISORY COMMITTEE COMPRISED OF REPRESENTATIVES FROM THE COMMUNITY AT LARGE AND OF CERTAIN KINGSBROOK DEPARTMENTS INCLUDING VOLUNTEER SERVICES, NURSING, SOCIAL WORK, PHARMACY, AND NUTRITION KINGSBROOK'S VOLUNTEER DEPARTMENT TRAINS COMMUNITY MEMBERS WITH A SPECIFIC INTEREST IN HELPING ADVANCE THE QUALITY OF DIABETIC CARE AT OUR INSTITUTION THROUGH DIABETES SELF-MANAGEMENT PROTOCOLS AND DIABETES COUNSELING THROUGH THE LEARNING FOR LIFE PROGRAM, VOLUNTEERS PROVIDE ONE-ON-ONE AND GROUP HEALTH LITERACY SESSIONS FOR PATIENTS WITH SERIOUS, EACH STAGE DIABETES UTILIZING A MODIFIED AND TRANSLATED "HEALTH SMARTS WHILE YOU WAIT" CURRICULUM, VOLUNTEERS EMPOWER KINGSBROOK'S OUTPATIENT DIABETIC POPULATION BY ASSURING THE PATIENT UNDERSTANDS THE BASICS OF NAVIGATING A NUTRITION LABEL AND TECHNIQUES USED TO MANAGE MULTIPLE MEDICATIONS B) DIABETES SELF-MANAGEMENT KINGSBROOK HAS MAINTAINED A DIABETES EDUCATION PROGRAM FOR OUTPATIENT DIABETES SELF-MANAGEMENT TRAINING, PROVIDING INDIVIDUAL COUNSELING APPOINTMENTS AND GROUP CLASSES, A CURRENT COLLECTION OF EDUCATIONAL MATERIALS, REGULAR ACADEMIC UPDATES ON THE LATEST EVIDENCED-BASED TREATMENTS FOR PRIMARY CARE PROVIDERS, AND MAINTAINING A DIABETES REGISTRY TO IDENTIFY AREAS TO HELP IDENTIFY AREAS FOR IMPROVEMENT THE PROGRAM OBJECTIVE IS TO PROVIDE DIABETES PATIENTS ACCESS TO DIABETES EDUCATOR SERVICES TO ASSIST IN SELF-MANAGEMENT, AN ESSENTIAL PART OF ACHIEVING OPTIMAL CLINICAL OUTCOMES THIS SERVICE WILL FULFILL THE SELF-MANAGEMENT COMPONENT OF IMPLEMENTING THE CHRONIC CARE MODEL FOR DIABETES AT OUR INSTITUTION TO FUND THE INITIAL EXPENSES OF THE PROGRAM, KINGSBROOK RECEIVED GRANT FUNDING FROM THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3) INFECTIOUS DISEASES KINGSBROOK PROVIDES MANY SERVICES TO

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	RESIDENTS WHO ARE AT RISK OF HIV/AIDS INFECTION, AND WHO ARE DIRECTLY AFFECTED BY HIV/AIDS CARE TO PATIENTS INFECTED WITH HIV/AIDS AND HEPATITIS IS PROVIDED BY KINGSBROOK'S DESIGNATED AIDS CENTER (THE "DAC") WHICH SERVES MORE THAN 400 CLIENTS EACH YEAR AND OFFERS A BROAD ARRAY OF SERVICES FOR PEOPLE WITH HIV/AIDS AND HEPATITIS C THE HIV PROGRAM PROVIDES A COLLABORATIVE APPROACH IN THE MANAGEMENT OF PATIENTS, SOME WHO ARE POOR, HOMELESS, ILLITERATE, SUBSTANCE DEPENDENT, MENTALLY CHALLENGED AND OTHERS WHO ARE SOCIALLY ISOLATED (IMMIGRANTS, THE INCARCERATED AND THE ELDERLY) KINGSBROOK'S DAC SEEKS TO INCREASE ITS COMMUNITY OUTREACH, PROVIDING FOR MORE EARLY DETECTION OPPORTUNITIES AND COMMUNITY-WIDE EDUCATION WITHIN THE NEXT THREE YEARS IN ADDITION, THE DAC WILL PROVIDE FOR INCREASED TRAINING OPPORTUNITIES FOR OUR MEDICAL RESIDENTS AND ATTENDING PHYSICIAN STAFF BY INCLUDING THEM IN HIV GRAND ROUNDS AND CASE PRESENTATIONS PART OF THIS PLAN IS TO INCREASE LINKAGES WITH OTHER COMMUNITY HIV/AIDS PROVIDERS, ESPECIALLY THOSE WHO FOCUS ON THE DIFFICULT-TO-REACH IMMIGRANT POPULATIONS OUTREACH IS NOT MERELY COMMUNITY BASED, IT IS ALSO TARGETED AT INDIVIDUALS KINGSBROOK WILL CONTINUE TO OFFER INDIVIDUAL COMMUNITY MEMBERS HIV/AIDS PREVENTION INFORMATION TO PROMOTE AVOIDANCE OF BEHAVIORS THAT HAVE A HIGH RISK FOR INFECTION AND RE-INFECTION, AS WELL AS CONFIDENTIAL RAPID HIV ANTIBODY TESTING AND COUNSELING SERVICES FOR ADMITTED AND AMBULATORY SERVICE PATIENTS (INCLUDING, WITHOUT LIMITATION, PATIENTS PRESENTING TO ITS EMERGENCY ROOM) ANOTHER OF THE DAC GOALS WAS TO INCREASE PATIENT'S COMPLIANCE WITH THE HIV QUAL INDICATORS PROJECT IMPROVEMENTS WERE FOCUSED ON THE FOLLOWING HIV/QUAL INDICATORS WITH THESE RESULTS 10% INCREASE IN TB, SYPHILIS SCREENINGS AND PELVIC EXAMINATIONS ADDITIONALLY, THERE WAS A 5% DECREASE IN THE NUMBER OF PATIENTS WHO SIMPLY DID NOT KEEP THEIR APPOINTMENT (NO-SHOWS) FOR CLINIC AND THE SUBSPECIALISTS' VISITS 4) MEASURES TO TRACK PROGRESS - PROSTATE CANCER SCREENINGS THE EFFECTIVENESS OF THIS PROGRAM IS MEASURED BY THE NUMBER OF MEN RECEIVING PROSTATE CANCER SCREENINGS AT KINGSBROOK THOUGH OUR HISTORIC SUPPORT FROM FUNDING ORGANIZATIONS HAS BEEN INCONSISTENT OVER THE PAST THREE YEARS, KINGSBROOK HAS REMAINED COMMITTED TO THIS GOAL, RECOGNIZING THE IMPACT PROSTATE CANCER HAS HAD ON ITS MALE COMMUNITY RESIDENTS IN 2011, KINGSBROOK SCREENED OVER 1000 MEN, A RECORD NUMBER OF PARTICIPANTS - BREAST EDUCATION PROGRAM (SUSAN G KOMEN OF GREATER NEW YORK) THIS PROGRAM CONTINUES TO BE A VITAL SOURCE FOR THE WOMEN OF OUR COMMUNITY THE PROGRAM HAS SERVICED OVER 9,000 WOMEN IN THE COMMUNITY AND IS ANTICIPATED TO IMPACT THE LIVES OF EVEN MORE WOMEN IN 2011 AND BEYOND MONTHLY PROGRESS REPORTS AND OUTREACH RECORDS ARE MAINTAINED BY BREAST HEALTH COORDINATORS TO ENSURE OUR EXPECTED PROGRAM EXPECTATION CAP IS MET EACH YEAR ADDITIONALLY, THE BROOKLYN HEALTHY LIVING PARTNERSHIP STAFF WILL REVIEW SURVEY MEASURES FOR THIS PROGRAM, TO ASSESS THE EFFECTIVENESS AND IMPACT THE PROGRAM IS HAVING ON OUR PATIENT BASE THE FUNDING FOR THIS PROGRAM HAS DECREASED ANNUALLY SINCE 2007 AS SUCH, THE CAP FOR THIS PROGRAM HAS BECOME SMALLER EACH YEAR - DIABETES SELF MANAGEMENT THE DIABETES REGISTRY IS USED TO OBTAIN DATA ASSESSING MARKERS OF GLYCEMIC CONTROL THIS COINCIDES WITH DATA REQUIRED TO MEET NCQA STANDARDS OF CARE AND IS NEEDED TO MAINTAIN DRP STATUS WE HAVE RE-LAUNCHED A PLANNING COMMITTEE FOR CHRONIC CARE MANAGEMENT OF DIABETES, WITH REPRESENTATION FROM OUR COMMUNITY VIA OUR COMMUNITY ADVISORY BOARD, PRIMARY CARE PHYSICIANS, PHARMACISTS, NUTRITIONISTS, AND NURSING TO OVERSEE THIS ENDEAVOR PROGRESS WILL BE MONITORED BY ONGOING, QUARTERLY COLLECTION OF GLYCEMIC CONTROL DATA THE PERCENTAGE OF ALL KINGSBROOK PATIENTS WITH DIABETES AND A GLYCOSYLATED HEMOGLOBIN (A1C) GREATER THAN 9.5% (INDICATING POOR DIABETES CONTROL) HAS PROGRESSIVELY DECREASED FROM 13.1% AT START OF 2010 TO 9.1% AT END OF 2010 THE PERCENTAGE OF ALL PATIENT

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5 (CONTINUE)	PROMOTION OF COMMUNITY HEALTH	6) DIALYSIS CENTER IN OUR RUTLAND NURSING HOME KINGSBROOK CONTINUED ITS PARTNERSHIP WITH OUR RELATED ENTERPRISE, RUTLAND NURSING HOME, TO PROVIDE RUTLAND'S RESIDENTS WITH ACCESS TO QUALITY HEALTHCARE SERVICES SEVERAL YEARS AGO, KINGSBROOK RECEIVED CON APPROVAL AND BEGAN THE CONSTRUCTION OF A NEW 4 STATION DIALYSIS CENTER YEARS AGO TO BE OPERATED BY KINGSBROOK WITHIN RUTLAND'S ADVANCED VENTILATOR DEPENDENT UNIT THE 30-BED DEDICATED VENTILATOR UNIT AT RUTLAND NURSING HOME IS A SPECIALIZED UNIT WHICH PROVIDES SKILLED NURSING CARE FOR VENTILATOR DEPENDANT RESIDENTS, MANY OF WHOM ARE IN NEED OF THREE TIMES A WEEK DIALYSIS CARE AN INTERDISCIPLINARY TEAM COMPRISED OF A BOARD CERTIFIED PULMONOLOGIST, NEPHROLOGISTS, NURSES, DIALYSIS TECHNICIANS AND RESPIRATORY THERAPISTS OVERSEE THE CLINICAL PLAN OF CARE THE DIALYSIS CENTER, WHICH WAS COMPLETED IN 2011, ENABLES THESE CLINICALLY COMPROMISED RESIDENTS TO BE DIALYZED IN A DEDICATED AREA WITHOUT HAVING TO MOVE THEM THROUGHOUT THE FACILITY OR OUTSIDE OF THE FACILITY FOR THESE CRITICAL SERVICES THE CENTER WILL EFFECTIVELY ENHANCE THE SERVICES PROVIDED BY THIS RUTLAND UNIT, WHICH HAS A REPUTATION FOR SUCCESSFULLY WEANING RESIDENTS OFF OF VENTILATORS AND RETURNING THEM TO LESS RESTRICTIVE REGULAR SKILLED NURSING UNITS AND EVEN TO THEIR HOMES WITHIN THE COMMUNITY BY PARTNERING WITH RUTLAND IN THIS WAY, KINGSBROOK ENHANCES THE QUALITY OF LIFE OF NOT ONLY THE RESIDENTS OF RUTLAND, BUT THEIR FAMILIES AND FRIENDS WITHIN THE CENTRAL BROOKLYN COMMUNITY 7) PALLIATIVE CARE AS TECHNOLOGY HAS INCREASED THE ABILITY OF KINGSBROOK, AND ALL HOSPITALS TO PROVIDE STATE- OF-THE-ART DIAGNOSIS AND TREATMENT OF DISEASE, THE IMPORTANCE OF CARING FOR THE PERSON WITH THE ILLNESS MUST NEVER BE LOST TO THAT END, KINGSBROOK ESTABLISHED A PALLIATIVE CARE PROGRAM TO CARE FOR THE PAIN AND OTHER NEEDS OF ITS CHRONICALLY ILL PATIENTS AND THOSE WHO HAPPEN TO BE AT THE END OF LIFE TO SUPPORT THIS PROGRAM KINGSBROOK JEWISH MEDICAL CENTER RECEIVED A GRANT FROM THE FAN FOX & LESLIE SAMUEL FOUNDATION, INC AND FROM THE NEW YORK STATE SENATE TO SUPPORT ITS PALLIATIVE CARE PROGRAM THE GRANT FUNDED AGGRESSIVE PROGRAM EXPANSION AND SUPPORTS EXPENDITURES FOR PERSONNEL, TRAINING AND EDUCATIONAL EFFORTS THIS PROGRAM SUPPORTS A COMMITTED EFFORT TO INCREASE LOCAL PROVIDER AND COMMUNITY AWARENESS ABOUT THE BENEFITS OF PALLIATIVE CARE VIA OUTREACH AND EDUCATION TECHNOLOGICAL ADVANCEMENTS KINGSBROOK HAS COMPLETED THE INTEGRATION OF THE BED MANAGEMENT SUITE, A STATE OF THE ART INFORMATION TECHNOLOGY SOLUTION THIS ADVANCED SYSTEM ALLOWS NURSING, ADMISSIONS AND EMERGENCY DEPARTMENTS (ED) TO MORE EFFICIENTLY PLAN, MANAGE AND EXPEDITE PATIENT FLOW, AS WELL AS ADVANCE PROJECT REQUIREMENTS NECESSARY TO PROVIDE PROPER PATIENT CARE THE SYSTEM SUPPORTS OUR EFFORTS USING LEAN METHODOLOGIES, WHICH HAVE DRAMATICALLY IMPROVED THE TIME PATIENTS SPEND IN OUR ED WAITING FOR THE NEXT AVAILABLE INPATIENT BED ADDITIONALLY, IN 2010 KINGSBROOK JEWISH MEDICAL CENTER WAS LISTED ON THE HIMSS ANALYTICS WEBSITE AS A STAGE 6 HOSPITAL, (STAGE 7 BEING THE HIGHEST), ACKNOWLEDGING THE FACILITY'S ADVANCED APPROACH TO ELECTRONIC MEDICAL RECORD (EMR) TECHNOLOGY AND ITS COMMITMENT TO QUALITY CARE PLANNING KINGSBROOK RATES AS THE ONLY HOSPITAL IN BROOKLYN AT THIS LEVEL - ONE OF 4 IN ALL OF NEW YORK STATE AND ONE OF 69 HOSPITALS IN THE COUNTRY, OUT OF 5,172 HOSPITALS THIS POSITIONS KINGSBROOK AS ONE OF THE TOP 12% HOSPITALS NATIONALLY IN THIS CATEGORY THE HIMSS ANALYTICS EMR ADOPTION MODEL IDENTIFIES AND SCORES HOSPITALS USING A 7 STEP SCALE THAT CHARTS THE PATH TO A FULLY PAPERLESS ENVIRONMENT HIMSS ANALYTICS COLLECTS AND ANALYZES HEALTHCARE DATA RELATING TO INFORMATION TECHNOLOGY PROCESSES AND ENVIRONMENTS, PRODUCTS, IS DEPARTMENT COMPOSITION, COSTS AND MANAGEMENT METRICS, HEALTHCARE TRENDS AND PURCHASING DECISIONS FINALLY, IN 2011, KINGSBROOK MADE A MAJOR INVESTMENT IN NEW HEALTH INFORMATION TECHNOLOGY ALLOWING KINGSBROOK TO BEGIN ITS EFFORTS TO MEET ALL FEDERALLY MANDATED REQUIREMENTS TO ACHIEVE "STAGE 1 MEANINGFUL USE", A TASK EXPECTED TO BE COMPLETED MID 2012 THIS EFFORT WILL ENSURE KINGSBROOK RIGHTFUL POSITION AS ONE OF BROOKLYN'S MOST TECHNOLOGICALLY ADVANCED HOSPITALS, FURTHER ENHANCING KINGSBROOK'S ABILITY TO DELIVER SUPERIOR PATIENT CARE THROUGHOUT THE CONTINUUM OF CARE 8) CHARITY CARE/FINANCIAL ASSISTANCE DESPITE THE CURRENT ECONOMIC CHALLENGES AND THE NUMEROUS CLOSINGS OF AFFILIATED HEALTH CARE CENTERS, KINGSBROOK REMAINS FLEXIBLE, ESPECIALLY AS IT PERTAINS TO DOCUMENTATION REQUESTS FOR CHARITY CARE ELIGIBILITY KINGSBROOK'S FINANCIAL ASSISTANCE PROGRAM EVALUATES THOSE WHO ARE UNDERINSURED, HAVE EXHAUSTED THEIR INSURANCE BENEFITS OR ARE FULLY UNINSURED KINGSBROOK JEWISH MEDICAL CENTER'S FINANCIAL ASSISTANCE PROGRAM IS BASED UPON UP TO 300% OF THE MARCH 2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FEDERAL POVERTY GUIDELINES CURRENT CLINIC PATIENTS WITHOUT ADEQUATE FINANCIAL RESOURCES CAN RECEIVE CARE IN OUR PRIMARY/SPECIAL

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 5 (CONTINUE)	PROMOTION OF COMMUNITY HEALTH	LT TY CLINICS FOR FEE SCHEDULES BASED ON THEIR INCOME AND FAMILY SIZE A DETERMINATION WILL BE MADE IF THE PATIENT IS ELIGIBLE FOR REDUCED FEES

Identifier	ReturnReference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	KINGSBROOK JEWISH MEDICAL CENTER IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 15		NO ACTIONS WERE TAKEN UNTIL AFTER THE FAP PROCESS IS COMPLETED

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, LINE 19		KJMC IS MAINLY USING MEDICAID PLAN NO CHARGE TO FAP-ELIGIBLE INDIVIDUALS

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	NY,

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
KINGSBROOK JEWISH MEDICAL CENTER

Employer identification number
11-1631759

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA BRADY MD	(i)	750,845	280,007	279,961	23,275	24,541	1,358,629	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN SCHMITT CPA	(i)	326,386	74,769	20,523	23,275	24,541	469,494	0
	(ii)	0	0	0	0	0	0	0
(3) MICHAEL MCDERMOTT	(i)	205,769	0	0	14,547	22,853	243,169	0
	(ii)	0	0	0	0	0	0	0
(4) RAFIQUE CHAUDHRY MD	(i)	0	0	1,100,110	0	0	1,100,110	0
	(ii)	0	0	0	0	0	0	0
(5) WILLIAM LOIS MD	(i)	371,523	0	0	23,275	24,541	419,339	0
	(ii)	0	0	0	0	0	0	0
(6) ROBERT DUBICKI	(i)	405,892	0	27,094	23,275	24,541	480,802	0
	(ii)	0	0	0	0	0	0	0
(7) DR SIBTE BURNEY MD	(i)	338,449	73,162	10,153	23,275	23,070	468,109	0
	(ii)	0	0	0	0	0	0	0
(8) KIRAN BATHEJA	(i)	215,506	47,326	0	21,961	24,541	309,334	0
	(ii)	0	0	0	0	0	0	0
(9) KURT KODROFF	(i)	263,813	62,308	3,062	23,275	23,313	375,771	0
	(ii)	0	0	0	0	0	0	0
(10) MOHAMMAD ZAHIR	(i)	699,642	44,466	0	23,275	24,541	791,924	0
	(ii)	0	0	0	0	0	0	0
(11) MARC ROSS MD	(i)	450,179	0	0	23,275	24,541	497,995	0
	(ii)	0	0	0	0	0	0	0
(12) PHILIP HEW	(i)	338,230	0	0	23,275	24,541	386,046	0
	(ii)	0	0	0	0	0	0	0
(13) MARK SMITH	(i)	218,055	54,554	0	20,715	24,641	317,965	0
	(ii)	0	0	0	0	0	0	0
(14) JANE LEDERER	(i)	229,611	51,589	0	22,280	11,079	314,559	0
	(ii)	0	0	0	0	0	0	0
(15) ALEJANDRO ZERETTI	(i)	260,374	0	0	23,275	10,627	294,276	0
	(ii)	0	0	0	0	0	0	0
(16) HAROLD MCDONALD	(i)	304,419	0	17,013	23,275	0	344,707	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE J, PART I	GENERAL COMPENSATION NOTE	1) WILLIAM LOIS - THE COMPENSATION WAS PAID FOR SALARY AS CHIEF OF SURGERY BY KINGSBROOK JEWISH MEDICAL CENTER. NO COMPENSATION WAS PAID FOR BOARD TRUSTEE POSITION. 2) GEOFFREY PATRICE MD - THE COMPENSATION WAS PAID FOR SALARY AS ON-CALL PHYSICIAN BY KINGSBROOK JEWISH MEDICAL CENTER. NO COMPENSATION WAS PAID FOR BOARD TRUSTEE POSITION. 3) RAFIQUE CHAUDHRY MD - THE COMPENSATION WAS PAID FOR SERVICES PROVIDED AS CHIEF OF ANAESTHESIOLOGY BY KINGSBROOK JEWISH MEDICAL CENTER. NO COMPENSATION WAS PAID FOR BOARD TRUSTEE POSITION.
SCHEDULE J, PART III, ADDITIONAL INFORMATION	PART II, COLUMN (C) RETIREMENT AND OTHER DEFERRED COMPENSATION	THE DEFERRED COMPENSATION REPORTED FOR THREE KINGSBROOK JEWISH MEDICAL CENTER EMPLOYEES (JOHN SCHMITT, KURT KODROFF AND KIRAN BATHEJA) INCLUDES ACCRUALS FOR THE TRANSITION STABILIZATION PLAN WHICH WAS IMPLEMENTED IN 2009. THE VALUE OF THE PLAN IS SUBJECT TO RISK OF FORFEITURE (PURSUANT TO IRS REGULATIONS) UNTIL THE EMPLOYEES MEET SPECIFIC AND DOCUMENTED FUTURE SERVICE REQUIREMENTS. THE PLAN WAS REVIEWED, DISCUSSED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE JOINT BOARD OF TRUSTEES/DIRECTORS TO ENHANCE THE RETENTION OF KEY EXECUTIVES AND TO MAINTAIN LEADERSHIP STABILITY AS KINGSBROOK JEWISH MEDICAL CENTER PURSUES OPPORTUNITIES FOR SUSTAINED VIABILITY. THE PLAN IS CONSISTENT WITH TYPICAL MARKET PRACTICES AND REASONABLE IN THE CONTEXT OF THE EMPLOYEES' TOTAL REMUNERATION, BASED ON ADVICE PROVIDED BY INDEPENDENT EXECUTIVE COMPENSATION CONSULTANTS. THE AGREEMENT EXPIRED 12/31/2011 AND WAS PAID OUT IN JANUARY 2012. THE PAYMENT WAS REPORTED AS COMPENSATION IN 2012 AND IS SUBJECT TO ALL APPLICABLE WITHHOLDING AND EMPLOYMENT TAXES.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KINGSBROOK JEWISH MEDICAL CENTER

Employer identification number
11-1631759

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BROOKLYN KINGS HIGHWAY	BOARD MEMBER/OWNER	1,100,100	ANESTHESIOLOGY SERVICES		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization KINGSBROOK JEWISH MEDICAL CENTER	Employer identification number 11-1631759
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Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS	KINGSBROOK HEALTHCARE SYSTEM ("KHS") IS THE SOLE MEMBER OF KINGSBROOK JEWISH MEDICAL CENTER
FORM 990, PART VI, LINE 7A	MEMBERS OF THE GOVERNING BODY	MEMBERS MAY ELECT AND APPOINT MEMBERS OF THE GOVERNING BOARD AND BOARD OFFICERS OF THE CORPORATION
FORM 990, PART VI, LINE 7B	DECISIONS OF THE GOVERNING BODY	KHS IS THE SOLE MEMBER OF KINGSBROOK JEWISH MEDICAL CENTER AND IT HAS RESERVED POWERS THAT ARE DELINEATED IN THE BYLAWS OF KINGSBROOK JEWISH MEDICAL CENTER
FORM 990, PART VI, LINE 11	REVIEW PROCESS FOR FORM 990	THE CFO HAS CONDUCTED A DETAIL REVIEW OF FORM 990 WITH THE HOSPITAL'S TAX ACCOUNTANT AND ALL APPROPRIATE CHANGES HAVE BEEN MADE. FORM 990 IS THEN REVIEWED WITH THE CEO FOR ANY ADDITIONAL COMMENTARY, OBSERVATIONS, OR RECOMMENDATIONS. FORM 990 IS THEN REVIEWED WITH THE CHAIRMAN OF THE AUDIT AND COMPLIANCE COMMITTEE AND THEN PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW FOR ANY ADDITIONAL COMMENTARY, OBSERVATIONS, OR RECOMMENDATIONS. ONCE COMPLETED AND FILED, FORM 990 IS MADE AVAILABLE TO THE FULL BOARD BY THE CHAIRMAN OF THE AUDIT AND COMPLIANCE COMMITTEE.
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	ALL CONFLICTS OF INTEREST ARE REVIEWED BY THE COMPLIANCE OFFICER. ANY POTENTIAL CONFLICTS INVOLVING BOARD MEMBERS ARE REFERRED TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND/OR ACTION, AS NECESSARY.
FORM 990, PART VI, LINE 15A	COMPENSATION POLICY	CONSISTENT WITH BEST PRACTICES IN GOVERNANCE AND FIDUCIARY OVERSIGHT OF TAX-EXEMPT FUNDS, KINGSBROOK JEWISH MEDICAL CENTER (KJMC) HAS INSTITUTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY AND COMPENSATION COMMITTEE CHARTER. THE COMPENSATION COMMITTEE IS AUTHORIZED BY THE BOARD TO DEVELOP AND RECOMMEND FOR BOARD APPROVAL THE COMPENSATION OF THE PRESIDENT AND CEO AND MEMBERS OF SENIOR MANAGEMENT (SENIOR VICE PRESIDENTS, VICE PRESIDENTS AND VICE PRESIDENTS). ONLY INDEPENDENT MEMBERS OF THE BOARD SHALL PARTICIPATE IN COMPENSATION DELIBERATIONS AND DECISIONS (I.E., EMPLOYEES, MEMBERS OF THE MEDICAL STAFF AND CONSULTANTS ARE NOT DEEMED INDEPENDENT FOR THESE PURPOSES). ALL EXECUTIVE COMPENSATION DECISIONS ARE BASED ON COMPETITIVE MARKET DATA, ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE RESULTS, AND ALIGNMENT WITH KJMC'S EXECUTIVE COMPENSATION PHILOSOPHY. THE BOARD'S COMPENSATION COMMITTEE REVIEWS AND APPROVES ALL EXECUTIVE COMPENSATION TO ENSURE LEGAL AND REGULATORY COMPLIANCE AND ADHERENCE TO GOVERNANCE BEST PRACTICES AND PROPER FIDUCIARY OVERSIGHT AS STEWARDS OF TAX-EXEMPT ASSETS. THE EXECUTIVE COMPENSATION PHILOSOPHY STATES ITS INTENT IS TO MAINTAIN A COMPETITIVE EXECUTIVE COMPENSATION PROGRAM IN ORDER TO ATTRACT, RETAIN AND MOTIVATE QUALIFIED EMPLOYEES TO SUPPORT THE MISSION AND BUSINESS GOALS OF KJMC. THE COMPENSATION COMMITTEE RETAINS OUTSIDE LEGAL COUNSEL WHO REVIEWS COMPLIANCE WITH TAX AND REGULATORY REQUIREMENTS AS WELL AS THE SERVICES OF AN INDEPENDENT QUALIFIED COMPENSATION CONSULTANT WHO COMPILES AND ANALYZES PUBLISHED SURVEY DATA FOR BASE SALARIES AND TOTAL COMPENSATION PROVIDED BY TAX-EXEMPT HOSPITALS AND MEDICAL CENTERS SIMILAR TO KJMC IN SIZE, OPERATIONS AND LOCATION. THE COMMITTEE'S REVIEW OF COMPENSATION OCCURS ANNUALLY SUCH THAT EXECUTIVE COMPENSATION AND BENEFITS CONTINUE TO BE COMPETITIVE AND REASONABLE BY FOLLOWING THE PRECEDING GOVERNANCE AND FIDUCIARY PRACTICES. THE COMMITTEE QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS OF THE INTERNAL REVENUE CODE SUCH THAT THE TOTAL COMPENSATION PROVIDED TO THE EXECUTIVES IS COMPARED TO WHAT IS "ORDINARILY PAID FOR LIKE SERVICES BY LIKE ENTERPRISES UNDER LIKE CIRCUMSTANCES", AS DEFINED IN THE INTERMEDIATE SANCTIONS REGULATIONS. BASE PAY FOR EACH EXECUTIVE IS BASED ON FACTORS INCLUDING MARKET DATA, TENURE, EXPERIENCE, AND INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE. EXECUTIVE BASE PAY IS REVIEWED AND SET ANNUALLY BY THE INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE OF THE INDEPENDENT DIRECTORS OF KINGSBROOK JEWISH MEDICAL CENTER [KJMC], BASED ON THE EXECUTIVE COMPENSATION PHILOSOPHY AND COMPENSATION COMMITTEE CHARTER AS DESCRIBED IN KJMC'S EXECUTIVE COMPENSATION PHILOSOPHY AND COMPENSATION COMMITTEE CHARTER. KJMC SUPPORTS PERFORMANCE-BASED COMPENSATION AND THEREFORE HAS IMPLEMENTED AN ANNUAL INCENTIVE PAY PROGRAM (EXECUTIVE MANAGEMENT ANNUAL INCENTIVE PLAN) FOR THE EXECUTIVES AND A LONG-TERM INCENTIVE PAY PROGRAM (ANNUALIZED STRATEGIC PERFORMANCE INCENTIVE) FOR THE PRESIDENT AND CEO. THE ANNUAL AND LONG-TERM INCENTIVE PAY PROGRAMS ARE DESIGNED TO SUPPORT THE ATTAINMENT OF ANNUAL AND STRATEGIC PERFORMANCE OBJECTIVES AND REFLECT A COMBINATION OF FORMULAIC WEIGHTINGS PROVIDING FORTHRESHOLD, TARGET AND MAXIMUM BONUS LEVELS AND DISCRETIONARY JUDGMENT AS DETERMINED BY THE COMPENSATION COMMITTEE. THE PERFORMANCE MEASURES ARE SET PRIOR TO THE BEGINNING OF EACH PLAN YEAR AND PLAN PAYMENTS ARE DETERMINED BASED ON AUDITED FINANCIAL RESULTS AND OTHER MEASURES.
FORM 990, PART VI, LINE 15B	COMPENSATION REVIEW	THE PROCESS USED FOR DETERMINING THE COMPENSATION OF THE CEO ALSO APPLIES TO MEMBERS OF THE EXECUTIVE STAFF, DEPARTMENT CHAIRS AND OTHER HIGHLY COMPENSATED STAFF EXCEPT THAT THE PRESIDENT AND CEO MAKES COMPENSATION RECOMMENDATIONS TO THE COMPENSATION SUBCOMMITTEE FOR THOSE EMPLOYEES.
FORM 990, PART VI, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION	UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	CHANGE IN PENSION AND POST-RETIREMENT OBLIGATIONS (3,373,332) FIN 47 ADJUSTMENT (192,024) ROUNDING DIFFERENCE (65) ----- TOTAL (3,565,421)
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HENNA WHITE TITLE BOARD CHAIR HOURS 6
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINDA BRADY MD TITLE PRESIDENT & BOARD DIRECTOR HOURS 14
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SEEMA GOLDSTEIN TITLE SECRETARY HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD LIEBERSTEIN TITLE BOARD TRUSTEE HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GEOFFREY PATRICE MD TITLE BOARD TRUSTEE HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GWENDOLYN BRADHAM-LEWIS TITLE BOARD TRUSTEE HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RAFIQUE CHAUDHRY MD TITLE BOARD TRUSTEE HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT REISS TITLE BOARD DIRECTOR HOURS 2
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VALERIE BYNOE-KASDEN ESQ TITLE BOARD TRUSTEE HOURS 1
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VICTOR AYALA PHD TITLE BOARD TRUSTEE HOURS 3
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM LOIS MD TITLE BOARD TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN SCHMITT CPA TITLE ASSISTANT TREASURER & CFO HOURS 12
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SUSAN ZINDER TITLE GENERAL COUNSEL UNTIL 2/4/2011 HOURS 13
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL MCDERMOTT TITLE GENERAL COUNSEL START 2/22/11 HOURS 14
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT DUBICKI TITLE COO HOURS 13
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DR SIBTE BURNEY MD TITLE CMO HOURS 12
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HAROLD McDONALD TITLE SENIOR VP HOURS 12

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
KINGSBROOK JEWISH MEDICAL CENTER

Employer identification number
11-1631759

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) KINGSBROOK JEWISH MEDICAL CTR AUXILIARIE 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 11-3016121	SUPPORT ORG	NY	501(C)(3)	11A	KJMC	Yes	
(2) KINGSBROOK HEALTHCARE FOUNDATION 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 11-2845058	SUPPORT ORG	NY	501(C)(3)	11A	KJMC	Yes	
(3) KINGSBROOK HEALTHCARE SYSTEM INC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 03-0464734	INACTIVE	NY	501(C)(3)	11A	N/A		No
(4) RUTLAND NURSING HOME 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 11-2164674	NURSING HOME	NY	501(C)(3)	9	KHS		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ATM NURSE REGISTRY 585 SCHENECTADY AVENUE BROOKLYN, NY 11203	INACTIVE	NY	KSI INC	LLC	0	0	
(2) KINGSBROOK LTACH 585 SCHENECTADY AVENUE BROOKLYN, NY 11203	INACTIVE	NY	KHS INC	C-CORP	0	0	
(3) KSI INC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 56-2327654	INACTIVE	NY	KHS INC	C-COPR	0	0	
(4) SINGULAB INC 585 SCHENECTADY AVENUE BROOKLYN, NY 11203 56-2327669	INACTIVE	DE	KSI INC	C-CORP	0	0	

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) RUTLAND NURSING HOME	N	37,626,399	COST
(2) RUTLAND NURSING HOME	O	58,405,000	COST
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 11-1631759

Name: KINGSBROOK JEWISH MEDICAL CENTER

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENNA WHITE BOARD CHAIR	3 0	X		X				0	0	0
LINDA BRADY MD PRESIDENT & BOARD DIRECTOR	35 0	X		X				1,310,813	0	47,816
SEEMA GOLDSTEIN SECRETARY	1 5	X		X				0	0	0
EDWARD LIEBERSTEIN BOARD TRUSTEE	1 0	X						0	0	0
ERICA GRUEN BOARD TRUSTEE	1 0	X						0	0	0
GEOFFREY PATRICE MD BOARD TRUSTEE	1 0	X						4,800	0	0
GWENDOLYN BRADHAM-LEWIS BOARD TRUSTEE	1 0	X						0	0	0
JOSE VIRELLA BOARD TRUSTEE (LEFT IN 2011)	1 0	X						0	0	0
JEFFREY DUNSTON BOARD TRUSTEE	1 0	X						0	0	0
LEIBESH NASH BOARD TRUSTEE	1 0	X						0	0	0
MARK LANE BOARD TRUSTEE	5	X						0	0	0
MICHAEL PORETSKY BOARD TRUSTEE	2 0	X						0	0	0
RAFIQUE CHAUDHRY MD BOARD TRUSTEE	1 0	X						1,100,110	0	0
ROBERT REISS BOARD DIRECTOR	1 5	X						0	0	0
VALERIE BYNOE-KASDEN ESQ BOARD TRUSTEE	1 0	X						0	0	0
VICTOR AYALA PHD BOARD TRUSTEE	2 0	X						0	0	0
WILLIAM LOIS MD BOARD TRUSTEE	32 0	X						371,523	0	47,816
JOHN SCHMITT CPA ASSISTANT TREASURER & CFO	35 0			X				421,678	0	47,816
SUSAN ZINDER GENERAL COUNSEL UNTIL 2/4/2011	35 0			X				43,973	0	4,177
MICHAEL MCDERMOTT GENERAL COUNSEL START 2/22/11	35 0			X				205,769	0	37,400
ROBERT DUBICKI COO	35 0			X				432,986	0	47,816
DR SIBTE BURNEY MD CMO	40 0				X			421,764	0	46,345
KIRAN BATHEJA VICE PRESIDENT	35 0				X			262,832	0	46,502
KURT KODROFF VICE PRESIDENT	40 0				X			329,183	0	46,588
JANE LEDERER CHIEF NURSING OFFICER	40 0				X			281,200	0	33,359

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAROLD MCDONALD SENIOR VP	35 0				X			321,432	0	23,275
MOHAMMAD ZAHIR DIRECTOR MED	40 0					X		744,108	0	47,816
MARC ROSS MD DIR REHAB MEDICINE	40 0					X		450,179	0	47,816
PHILIP HEW ER DIRECTOR	40 0					X		338,230	0	47,816
MARK SMITH PHYSICIAN	40 0					X		272,609	0	45,356
ALEJANDRO ZERETTI CHIEF OF PATHOLOGY	40 0					X		260,374	0	33,902

Software ID:
Software Version:
EIN: 11-1631759
Name: KINGSBROOK JEWISH MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LINDA BRADY MD	(i) (ii)	750,845 0	280,007 0	279,961 0	23,275 0	24,541 0	1,358,629 0	0 0
JOHN SCHMITT CPA	(i) (ii)	326,386 0	74,769 0	20,523 0	23,275 0	24,541 0	469,494 0	0 0
MICHAEL MCDERMOTT	(i) (ii)	205,769 0	0 0	0 0	14,547 0	22,853 0	243,169 0	0 0
RAFIQUE CHAUDHRY MD	(i) (ii)	0 0	0 0	1,100,110 0	0 0	0 0	1,100,110 0	0 0
WILLIAM LOIS MD	(i) (ii)	371,523 0	0 0	0 0	23,275 0	24,541 0	419,339 0	0 0
ROBERT DUBICKI	(i) (ii)	405,892 0	0 0	27,094 0	23,275 0	24,541 0	480,802 0	0 0
DR SIBTE BURNEY MD	(i) (ii)	338,449 0	73,162 0	10,153 0	23,275 0	23,070 0	468,109 0	0 0
KIRAN BATHEJA	(i) (ii)	215,506 0	47,326 0	0 0	21,961 0	24,541 0	309,334 0	0 0
KURT KODROFF	(i) (ii)	263,813 0	62,308 0	3,062 0	23,275 0	23,313 0	375,771 0	0 0
MOHAMMAD ZAHIR	(i) (ii)	699,642 0	44,466 0	0 0	23,275 0	24,541 0	791,924 0	0 0
MARC ROSS MD	(i) (ii)	450,179 0	0 0	0 0	23,275 0	24,541 0	497,995 0	0 0
PHILIP HEW	(i) (ii)	338,230 0	0 0	0 0	23,275 0	24,541 0	386,046 0	0 0
MARK SMITH	(i) (ii)	218,055 0	54,554 0	0 0	20,715 0	24,641 0	317,965 0	0 0
JANE LEDERER	(i) (ii)	229,611 0	51,589 0	0 0	22,280 0	11,079 0	314,559 0	0 0
ALEJANDRO ZERETTI	(i) (ii)	260,374 0	0 0	0 0	23,275 0	10,627 0	294,276 0	0 0
HAROLD MCDONALD	(i) (ii)	304,419 0	0 0	17,013 0	23,275 0	0 0	344,707 0	0 0

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

**Combined Financial Statements
December 31, 2011 and 2010**

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Index
December 31, 2011 and 2010

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Report of Independent Auditors

To The Boards of Trustees' of
Kingsbrook Jewish Medical Center and
Rutland Nursing Home, Inc

In our opinion, the accompanying combined balance sheets and the related combined statements of operations, changes in net assets (deficit) and cash flows present fairly, in all material respects, the financial position of Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc (collectively "the Company") at December 31, 2011 and 2010, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

PricewaterhouseCoopers LLP

May 29, 2012

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Combined Balance Sheets
December 31, 2011 and 2010

(in thousands of dollars)

	2011	2010
Assets		
Current assets		
Cash and cash equivalents	\$ 6,894	\$ 8,256
Cash - funds held in trust for residents	240	239
Investments	112	1,216
Assets limited as to use	11,588	11,064
Accounts receivable, less allowance for doubtful accounts of approximately \$28,054 in 2011 and \$26,900 in 2010	36,164	36,940
Inventories and other current assets	4,632	4,777
Other receivables	6,228	2,569
Total current assets	<u>65,858</u>	<u>65,061</u>
Assets limited as to use, less current portion	5,567	5,968
Property, buildings and equipment, net	44,400	46,451
Other assets	2,053	3,311
Interest in Kingsbrook Jewish Medical Center Foundation, Inc	1,336	1,388
Total assets	<u>\$ 119,214</u>	<u>\$ 122,179</u>
Liabilities and Net Assets (Deficit)		
Current liabilities		
Current portion of long-term debt	\$ 4,811	\$ 4,836
Accounts payable and accrued expenses	32,970	29,562
Accrued salaries and related liabilities	18,152	16,902
Funds held in trust for residents	240	239
Other current liabilities	10,244	11,842
Accrued post retirement benefit cost	-	154
Total current liabilities	<u>66,417</u>	<u>63,535</u>
Liabilities		
Long-term debt, less current portion	13,068	17,525
Estimated self-insurance liabilities, less current portion	12,178	13,668
Accrued pension liability	7,173	3,801
Accrued postretirement benefit cost	1,468	1,312
Estimated third party settlements and other noncurrent liabilities	30,770	36,202
Total liabilities	<u>131,074</u>	<u>136,043</u>
Unrestricted net assets (deficit)	<u>(11,860)</u>	<u>(13,864)</u>
Total liabilities and unrestricted net assets (deficit)	<u>\$ 119,214</u>	<u>\$ 122,179</u>

The accompanying notes are an integral part of these combined financial statements

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Combined Statements of Operations
Years Ended December 31, 2011 and 2010

in thousands of dollars)

	2011	2010
Operating revenues		
Net patient service revenues	\$ 263,138	\$ 255,826
Other revenues	8,751	7,016
Total operating revenues	<u>271,889</u>	<u>262,842</u>
Operating expenses		
Salaries and wages	136,823	134,083
Employee benefits	45,848	42,480
Supplies and other expenses	65,183	65,046
Provision for bad debts	8,913	8,211
Depreciation and amortization	8,259	9,417
Interest	1,293	1,547
Total operating expenses	<u>266,319</u>	<u>260,784</u>
Excess of revenues over expenses	5,570	2,058
Other changes in unrestricted net assets		
Changes in pension and postretirement obligations	(3,374)	270
Other	(192)	175
Increase in unrestricted net assets	<u>\$ 2,004</u>	<u>\$ 2,503</u>

The accompanying notes are an integral part of these combined financial statements

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Combined Statements of Changes in Unrestricted Net Assets (Deficit)
Years Ended December 31, 2011 and 2010

(in thousands of dollars)

Unrestricted net assets (deficit) at December 31, 2009	\$ (16,367)
Excess of revenues over expenses	2,058
Change in pension and postretirement obligations	270
Other	175
Total change in unrestricted net assets	<u>2,503</u>
Unrestricted net assets (deficit) at December 31, 2010	(13,864)
Excess of revenues over expenses	5,570
Change in pension and postretirement obligations	(3,374)
Other	(192)
Total change in unrestricted net assets	<u>2,004</u>
Unrestricted net assets (deficit) at December 31, 2011	<u>\$ (11,860)</u>

The accompanying notes are an integral part of these combined financial statements

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Combined Statements of Cash Flows
Years Ended December 31, 2011 and 2010

(in thousands of dollars)

	2011	2010
Cash flows from operating activities		
Increase in net assets	\$ 2,004	\$ 2,503
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Undistributed portion of change in interest in net assets of Kingsbrook Jewish Medical Center Foundation	52	(190)
Provision for bad debts	8,913	8,211
Depreciation and amortization	8,259	9,417
Realized gains on sale of other assets	-	(1,102)
Change in pension and postretirement obligations	3,374	(270)
Changes in operating assets and liabilities		
Accounts receivable	(8,137)	(13,051)
Inventories, other assets, and other receivables	(2,256)	(22)
Accounts payable and accrued expenses	3,408	6,390
Accrued salaries and related liabilities	1,250	1,406
Estimated third party settlements and other liabilities	(4,607)	(7,184)
Accrued pension and postretirement obligations	-	158
Estimated self-insurance liabilities	(3,913)	(1,816)
Net cash provided by operating activities	<u>8,347</u>	<u>4,450</u>
Cash flows from investing activities		
Acquisitions of property, buildings and equipment	(6,208)	(4,728)
Net change in investments	1,104	2
Net change in assets limited as to use	(123)	2,822
Proceeds from sale of equity investment	-	1,006
Net cash used in investing activities	<u>(5,227)</u>	<u>(898)</u>
Cash flows from financing activities		
Proceeds from notes payable	904 [▼]	760
Proceeds from new capital lease	550 [▼]	-
Principal payments of long-term debt, including capital leases	(5,936)	(4,908)
Net cash used in financing activities	<u>(4,482)</u>	<u>(4,148)</u>
Net decrease in cash and cash equivalents	(1,362)	(596)
Cash and cash equivalents		
Beginning of year	8,256	8,852
End of year	<u>\$ 6,894</u>	<u>\$ 8,256</u>
Supplemental information		
Cash paid for interest	\$ 1,293	\$ 1,547
Assets acquired under capital leases	550	314

The accompanying notes are an integral part of these combined financial statements

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

1. Organization and Summary of Significant Accounting Policies

Kingsbrook Jewish Medical Center (the "Medical Center") is a 501(c)(3) tax-exempt organization formed in 1926 under the Membership Corporations Law of the State of New York and is governed by the Not-for-Profit Corporation Law of the State of New York. The Medical Center is a 326-bed multi-specialty teaching hospital, located in Brooklyn, New York, which provides a full range of inpatient and outpatient services, medical and surgical treatment, rehabilitation medicine, geriatric psychiatric medicine, as well as an ambulatory surgery center, a 24-hour emergency room, and outpatient general and specialty clinics. Rutland Nursing Home, Inc. (the "Nursing Home") is a 501(c)(3) tax-exempt organization that was incorporated in 1971 under the Not-for-Profit Corporation Law of the State of New York. The Nursing Home is a 538-bed facility that provides long-term and sub-acute services to primarily residents of the Metropolitan New York area. The Nursing Home and Medical Center share a campus and various building facilities, as well as various staff and other resources. In addition, many of the individuals who serve on the Board of Trustees of the Medical Center also serve on the Board of Trustees of the Nursing Home.

Kingsbrook HealthCare System, Inc. ("KHS") is a 509(a)(3) tax-exempt organization formed on June 21, 2002. It was formed by the Medical Center and the Nursing Home and became the sole member of both entities on January 19, 2005. KHS is organized as a membership corporation. Its members are those individuals who serve on its Board of Directors.

KSI, Inc. ("KSI") was formed as a New York business corporation on February 3, 2003 under the Business Corporation Law of the State of New York for the purpose of holding the equity interests of other ventures, particularly ATM Nurse Registry, LLC ("ATM") and Singulab, Inc. (Singulab). ATM was formed as a New York limited liability company on February 4, 2003 for the purpose of providing temporary nursing services as an independent entity. Singulab was established as a for-profit Delaware Corporation for the purpose of pursuing the potential acquisition of three commercial laboratories. KHS controls KSI and through it, ATM and Singulab. On February 25, 2005, the Articles of Organization for KHS Security Agency, LLC (a New York limited liability company) ("KHS Security") were filed with the Secretary of State of the State of New York. KHS Security was formed to provide security guard services to the Medical Center and Nursing Home. KHS controls KHS Security.

Kingsbrook Jewish Medical Center Foundation, Inc. (the "Foundation") was formed on February 13, 1987 for the purpose of, among other things, rendering assistance and making grants to the Medical Center. Its by-laws provide that fifty percent plus one of the Foundation's board of trustees also be trustees of the Medical Center board.

2. Summary of Significant Accounting Policies

The following is a summary of significant accounting policies:

Basis of Financial Statement Presentation

The combined financial statements are prepared on the accrual basis of accounting. For financial reporting purposes the Medical Center and Nursing Home, which are under common control, are combined and herein are referred to collectively as the "Company". All significant intercompany transactions have been eliminated.

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. The most significant estimates relate to patient accounts receivable allowances, estimated third-party settlements and estimated employee benefit costs. Actual results could differ from those estimates.

During 2011 and 2010, amounts recognized related to prior years, including adjustments to prior year estimates, increased the performance indicator by \$5,800 and \$3,900, respectively.

Income Taxes

The Company is a not-for-profit corporation as described in Section 501 (c)(3) and 509(a)(3) of the Internal Revenue Code ("Code") and are tax exempt from federal income taxes on related income. Per the requirement to assess for tax uncertainty, management has determined that it does not have any uncertain tax positions required to be reported.

Cash and Cash Equivalents

The Company classifies as cash equivalents all highly liquid investments with a maturity of three months or less when purchased which are not assets limited as to use or held in the marketable securities portfolio. The Company maintains cash on deposit with major banks, invests in money market securities with high credit quality financial institutions and limits the credit exposure to any one financial institution. Included in cash and cash equivalents are amounts in excess of federally insured limits. However, management believes that the credit risk related to these deposits is minimal.

Cash Funds Held in Trust for Residents

Funds for the personal use of residents are maintained for them by the Nursing Home. These funds are segregated in a separate interest bearing account for the residents' benefit and are not available for other uses.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheet. Investment income or loss consists of interest, dividends, realized gains or losses on investments sold or redeemed and recognized other than temporary declines in market value of equities and is included in operating gain unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from operating gain.

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

Fair Value Measurements

Fair Value Accounting establishes a framework for measuring fair value under generally accepted accounting principles and enhances disclosures about fair value measurements. Fair value is defined as the exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. Fair value requires an organization to determine the unit of account, the mechanism of hypothetical transfer, and the appropriate markets for the asset or liability being measures.

The guidance establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entity's own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. As a basis for comparing assumptions, accounting guidance establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair values as follows:

- Level 1 Financial instruments for which quoted market price are available in active markets
Level 1 assets consist of money market funds, equity securities, State of Israel bonds, and U S Treasury Obligations as they are traded in an active market with sufficient volume and frequency of transactions
- Level 2 Financial instruments for which there are inputs, other than the quoted prices in active markets, that are observable either directly or indirectly. The Company's pension plan consists of Level 2 assets. These investments can also be valued by the investment portfolio managers utilizing a portfolio system, which relies on one of the largest pricing services and is used by many mutual funds. The Company reviews the results of these valuations in assessing its fair value of investments.
- Level 3 Financial instruments for which there are unobservable inputs, in which there is little or no market data, which require the reporting entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques. The three valuation techniques are as follows:

- Market approach – Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities,
- Cost approach – Amount that would be required to replace the service capacity of an asset (i.e. replacement cost), and
- Income approach – Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing models, and lattice models)

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

A financial instruments categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Inputs are used in applying the various valuation techniques and broadly refer to the assumptions the market participants use to make valuation decisions. Inputs may include price information, credit data, liquidity statistics and other factors.

The following is a description of the methods and assumptions used to estimate fair value of the Company assets limited as to use. There have been no changes in valuation methods and assumptions used at December 31, 2011 and 2010.

- Money market funds, equity securities, State of Israel bonds – Fair value estimates for publicly traded mutual funds are based on quoted market prices (Level 1) and/or other market data for the same or comparable instruments and transactions in establishing the prices (Level 2).
- U.S. Treasury Obligations – Valued on the basis of the quoted market prices at year-end. If quoted market prices are not available for the investments, these investments are valued based on yields currently available on comparable securities or issuers with similar credit ratings.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Impairment of Investments

Investments are reviewed for impairment whenever events or change in circumstances indicate that the fair value of investments below cost will be considered other than temporary. There were no such losses reported for the years ended December 31, 2011 and 2010.

Assets Limited as to Use

Assets so classified represent assets whose use is restricted for specific purposes under a self insurance trust agreement, donor restrictions, internal designations, terms of debt and lease agreements, and amounts held under deferred employee compensation plans. Amounts required to meet current liabilities of the Company have been classified in the combined balance sheets as current assets at December 31, 2011 and 2010.

Accounts Receivable

Patient/resident accounts receivable for which the Company receives payment under prospective payment cost reimbursement formulae or negotiated rates, which cover the majority of patient services, are stated at the estimated net amount receivable from payors, which are generally less than the established billing rates of the Company. The level of reserves is based upon management's assessment of historical and expected cash collections, business and economic conditions, trends in federal and state governmental and other collection indicators. See Note 3 for additional information relative to third-party payor programs.

Inventories

Inventories are stated at lower of cost, determined on a first-in, first-out basis, or market.

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

Property, Buildings and Equipment

Property, buildings and equipment purchased are carried at cost less accumulated depreciation. The carrying amount of assets and the related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of, and any resulting gain or loss is included in the statement of operations. Depreciation is computed using the straight-line method over the estimated useful lives of all assets ranging from 3 to 30 years, except for equipment where depreciation is computed using the straight-line method applying the half-year convention. Assets acquired under capitalized leases are recorded at present value at the inception of the lease. Equipment under capital lease obligations is amortized using the straight-line method over the lesser of the estimated useful life of the assets or lease term. Such amortization is included in depreciation and amortization in the accompanying combined statements of operations.

Asset Retirement Obligations

Asset retirement obligations, reported in other noncurrent liabilities, are legal obligations associated with the retirement of long-lived assets. These liabilities are initially recorded at fair value and the related asset retirement costs are capitalized by increasing the carrying amount of the related assets by the same amount as the liability. Asset retirement costs are subsequently depreciated over the useful lives of the related assets. Subsequent to initial recognition, the Company accounts for changes in the liability resulting from the passage of time and revisions to either the timing or the amounts of the original estimate of undiscounted cash flows as an increase or decrease to its asset retirement obligation with a corresponding amount in the statement of operations. The Company reduces these liabilities when the related obligations are settled.

Interest in Kingsbrook Jewish Medical Center Foundation, Inc.

The Company recognizes its accumulated interest in net assets held by the Foundation as Interest in the Kingsbrook Jewish Medical Center Foundation, Inc. The periodic changes in such interest are reflected in the combined statements of operations and changes in net assets.

Defined Benefit Pensions and Other Postretirement Plans

The Company follows pension accounting which requires plan sponsors of defined benefit pension and postretirement benefit plans to recognize the overfunded or underfunded status of its plans in the consolidated balance sheets, measure the fair value of plan assets and benefit obligations as of the fiscal year ends, and provide additional disclosures. The guidance also requires that changes that occur in the funded status of the plans be recognized by the Company in the year in which the changes occur as a change in unrestricted net assets presented below operating gain in the combined statements of operations and changes in net assets (deficit).

Vacation Benefits

These benefits are accrued as earned.

Unrestricted Net Assets

Unrestricted net assets are not restricted by donors or the donor imposed restrictions have expired. They include resources under the full control of the Board of Trustees for use in achieving the purposes of the Company.

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

Temporarily Restricted Net Assets

Temporarily restricted net assets are those whose use by the Company has been limited by donors to a specific timeframe or purpose. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are included in the accompanying combined financial statements as net assets released from restrictions for operating purposes or as a transfer for capital acquisitions. As of December 31, 2011 and 2010 there were no donor-restricted net assets.

Charity Care

The Company provides care to patients who meet certain criteria defined by the New York Public Health Law without charge or at amounts less than its established rates. The Company maintains records to identify and monitor the level of charity care provided. These records include the amount of charges foregone for services and supplies furnished. The Company receives partial reimbursement for the uncompensated care provided. Of the Company's \$266.3 million and \$260.8 million of total combined expenses reported for 2011 and 2010, respectively, an estimated cost of \$5,822 and \$4,909 for 2011 and 2010, respectively, is attributable to providing services to charity patients. The estimated costs of providing charity care services are based on a calculation which applies a ratio of cost to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charge is calculated based on the Company's total expenses, including bad debt expense, divided by gross patient service revenue.

Performance Indicator

The combined statements of operations include operating gain as the performance indicator. Changes in unrestricted net assets, which are excluded from the performance indicator, consistent with industry practice, include changes in pension and postretirement obligations and unrealized gains and losses on investments.

Contributions, Legacies and Bequests

Contributions unrestricted as to use are reflected within the caption other revenues in the accompanying combined statements of operations. Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from operating gain, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restricted are reported when the donated or acquired long-lived assets are placed into service.

Grants and Subsidies

Grants for specific operating and capital purposes in the period in which qualified expenditures are made are recorded as other revenues and were approximately \$4,253 and \$1,723 for the years ended December 31, 2011 and 2010, respectively.

Functional Allocations of Expenses

The costs of providing the Company's programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

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Program Services

The Company's program services consist of providing healthcare and related services to patients/residents within its geographic area. Program expenses related to providing these services are as follows:

	December 31,	
	2011	2010
Professional care of patients/residents	\$ 164,318	\$ 160,903
Facilities and residential services	64,183	62,849
Program support and general services	37,818	37,032
	<u>\$ 266,319</u>	<u>\$ 260,784</u>

Recent Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued two new investment disclosure requirements and clarified guidance on existing investment disclosure requirements. The new guidance requires entities to disclose transfers of assets in and out of Levels 1 and 2 of the fair value hierarchy and the reasons for those transfers, effective for the Company in 2010. This guidance also requires entities to disclose gross reporting of changes in Level 3 fair value measurements, effective for the Company in 2011. The first clarification requires entities to further disaggregate the presentation of investments by class of asset and liabilities rather than by major category. The second clarification requires entities to disclose the valuation technique used and the inputs used in determining the fair values of each class of assets and liabilities. Both clarifications were effective for the Company in 2010.

In August 2010, the FASB issued Accounting Standards Update ("ASU") No. 2010-23, *Measuring Charity Care for Disclosure*. ASU No. 2010-23 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. ASU No. 2010-23 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care. ASU No. 2010-23 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. The Company adopted the guidance in their charity care footnote disclosure (Note 2) in fiscal 2011.

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. ASU 2011-07 includes amendments to FASB's ASC Topic 954, *Health Entities*. The objective of the update is to provide financial statement users with greater transparency about a health care entity's net patient service revenue and the related allowance for doubtful accounts. The amendment requires health care entities that recognize significant amounts of patient service revenue at the time services are rendered, even though they do not immediately assess the patient's ability to pay, to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations. This guidance is effective for fiscal years beginning after December 15, 2011. The Company will adopt this new guidance in fiscal 2012.

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3. Net Patient Service Revenues, Accounts Receivable and Allowance for Doubtful Accounts

The Company has agreements with third-party payers that provide for payments to the Company at amounts different from its established rates (i.e., gross charges). Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Billings relating to services rendered are recorded as net patient service revenues in the period in which the service is performed, net of contractual and other allowances which represent differences between gross charges and the estimated receipts under such programs. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Accounts receivable are also reduced for allowances for doubtful accounts. The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. Account balances are written off against the allowance when management determines it is probable the receivable will not be recovered. Historical collection and payer reimbursement experience is an integral part of the estimation process related to reserves for uncollectible accounts. Revisions in reserve for doubtful accounts estimates are recorded as an adjustment to the provision for bad debts.

A summary of the payment arrangements with major third-party payers is as follows:

- *Medicare* Inpatient acute care and certain nonacute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain inpatient nonacute services and defined medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Company is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Effective October 1, 2007, the Centers for Medicare and Medicaid Services (CMS) revised the Medicare patient classification system. The new Medicare severity adjusted diagnosis related groups (MS-DRGs) reflect changes in technology and current methods of care delivery. CMS has expanded the number of DRG's from 538 to 745 and requires identification of conditions that are present upon admission.

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- *Non-Medicare Payments* The New York Health Care Reform Act of 1996, as updated, governs payments to hospitals in New York State. Under this system, hospitals and all non-Medicare payers, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospital's payment rates. If negotiated rates are not established, payers are billed at hospitals established charges. Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the New York State Department of Health on a prospective basis. Adjustments to current and prior years' rates for these payers will continue to be made in the future. Effective January 1, 2008 and July 1, 2008 the New York State Department of Health (DOH) updated the data utilized to calculate the NYS DRG service intensity weights (SIWs) in order to utilize more current data in DOH Promulgated rates. Effective December 1, 2009, New York State implemented inpatient reimbursement reform in order to utilize refined DRG's and more current cost information in reimbursement rates. Similar type outpatient reforms were implemented effective December 1, 2008.

There are various proposals at the Federal and State levels that could, among other things, reduce payment rates and increase managed care penetration, including Medicaid. The ultimate outcome of these proposals and other market changes cannot presently be determined.

Revenue from the Medicare and Medicaid programs accounted for approximately 37% and 13% and 39% and 14% of the Medical Center's gross patient service revenue for the year ended December 31, 2011 and 2010, respectively.

The Medical Center's and the Nursing Home's cost reports have been audited and finalized by the Medicare fiscal intermediary through December 31, 2006.

Resident and patient revenue of the Nursing Home is recorded at established rates when services are performed. Reimbursement by third-party payor programs under the provisions of reimbursement formulae or negotiated rates are generally less than the established billing rates of the Nursing Home. Adjustments for such differences are recorded as contractual allowances and are deducted directly from accounts receivable and operating revenue in the period incurred.

Non-Medicare Reimbursement The current Medicaid, Medicare and other third-party payor programs are based upon extremely complex laws and regulations that are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Additionally, noncompliance with such laws and regulations could result in repayment of amounts improperly reimbursed, fines, penalties and exclusion from such programs. The Company is not aware of any allegations of noncompliance that could have a material adverse effect on the combined financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing.

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Similar to most health care organizations, the Company grants credit without collateral to its patients, most of who are residents of Brooklyn and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at December 31, 2011 and 2010 was as follows:

	2011	2010
Medicare	21 %	18 %
Medicaid	22	23
Commercial	38	41
Self-pay	19	18
	<u>100 %</u>	<u>100 %</u>

4. Assets Limited as to Use and Investments

Assets limited as to use are restricted for the following purposes:

	December 31,	
	2011	2010
Board designated funds	\$ 10,000	\$ 10,000
Mortgage reserve fund	3,306	4,051
Professional liabilities trust fund	1,216	750
Mortgage escrow	61	23
Operating escrow	2,261	1,916
Other	311	292
	<u>17,155</u>	<u>17,032</u>
Less: Current portion of assets limited as to use	<u>11,588</u>	<u>11,064</u>
Total assets limited as to use, less current portion	<u>\$ 5,567</u>	<u>\$ 5,968</u>

The composition of investments, assets limited as to use and interest in Kingsbrook Jewish Medical Center Foundation, Inc., at December 31, 2011 and 2010 consist of:

	2011	2010
Cash and money market funds	\$ 8,339	\$ 9,395
Certificates of deposit	8,665	8,669
U.S. Treasury obligations	931	912
State of Israel bonds	-	3
Equity securities	666	657
	<u>\$ 18,601</u>	<u>\$ 19,636</u>

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Investment income and gains are compromised of the following

	Year Ended December 31,	
	2011	2010
Other Revenues		
Interest and dividend income	\$ 198	\$ 251
Realized gains on sale of other assets		1,102
	<u>\$ 198</u>	<u>\$ 1,353</u>
Other changes in unrestricted net assets		
Unrealized gain on investments	\$ -	\$ 175

The table below reports the fair value measurements at December 31, 2011 and 2010

	Fair Value at December 31, 2011	Based on		
		Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Equity Securities	\$ 666	\$ 666	\$ -	\$ -
U S Treasury Obligations	931	931		
Money market funds	4,131	4,131		
	<u>\$ 5,728</u>	<u>\$ 5,728</u>	<u>\$ -</u>	<u>\$ -</u>

	Fair Value at December 31, 2010	Based on		
		Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
State of Israel bonds	\$ 3	\$ 3	\$ -	\$ -
Equity Securities	657	657	-	-
U S Treasury Obligations	912	912	-	-
Money market funds	5,978	5,978	-	-
	<u>\$ 7,550</u>	<u>\$ 7,550</u>	<u>\$ -</u>	<u>\$ -</u>

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5. Property, Buildings and Equipment

Property, buildings and equipment consist of the following

	December 31,	
	2011	2010
Land and land improvements	\$ 1,838	\$ 1,838
Buildings and improvements	83,793	83,184
Fixed equipment	45,330	44,952
Movable equipment	94,355	92,219
	<u>225,316</u>	<u>222,193</u>
Less Accumulated depreciation and amortization	184,709	176,632
	<u>40,607</u>	<u>45,561</u>
Construction-in-progress	3,793	890
	<u>\$ 44,400</u>	<u>\$ 46,451</u>

Depreciation and amortization expense for the years ended December 31, 2011 and 2010 was \$8,259 and \$9,417, respectively. Substantially all the Company's property, buildings and equipment are pledged as collateral under various debt arrangements.

6. Long-Term Debt

A summary of long-term debt at December 31, 2011 and 2010 follows

	2011	2010
Section 242 insured mortgage loan (a)	\$ 8,205	\$ 9,556
Mortgage payable (b)	4,115	5,099
Restructuring pool loan (c)	1,000	167
Notes payable (d)	828	717
Capital leases (e)	3,731	6,822
	<u>17,879</u>	<u>22,361</u>
Less Current portion	4,811	4,836
	<u>\$ 13,068</u>	<u>\$ 17,525</u>

- a *FHA Section 242 Insured Mortgage Loan* The Medical Center's mortgage is insured under the provisions of the Federal Housing Agency ("FHA") Section 242 Program with the Dormitory Authority of the State of New York ("DASNY"). The mortgage carries an interest rate of 4.9%. Monthly principal and interest payments are due through March 2017.

Mortgage Reserve Fund Pursuant to the agreement and related documents, the Medical Center is required to maintain a Mortgage Reserve Fund ("MRF") at a minimum level of \$3,478. At December 31, 2011 and 2010, the MRF balance was \$3,306 and \$4,051, respectively, and is included in assets limited as to use.

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At December 31, 2011, minimum balances for the mortgage reserve fund for each of the next five years are

	Minimum Balance
2012	\$ 2,448
2013	1,932
2014	1,417
2015	902
2016	
	<hr/> \$ 6,699 <hr/>

The Medical Center is required to comply with certain covenants, the most restrictive of which is to obtain approval to distribute assets or to incur additional debt above specified levels if profitability requirements are not met. The mortgage is collateralized by the Medical Center's land, buildings and equipment and gross receipts derived from operations. At December 31, 2011 and 2010, the Medical Center was in compliance with these covenants.

Principal payments under Section 242 insured mortgage loan for the next five years and thereafter consist of

KJMC	
2012	\$ 1,429
2013	1,501
2014	1,577
2015	1,657
2016 and thereafter	<hr/> 2,041 <hr/>
	<hr/> \$ 8,205 <hr/>

- b *Mortgage Payable* The Nursing Home's mortgage agreement with the New York State Department of Health and the New York State Housing Finance Agency ("FIFA") is commercially insured and requires monthly payments through August 2016 and carries interest rates ranging from 3.6% to 5.2%. Pursuant to the mortgage agreement, the Company is, among other things, required to maintain a depreciation reserve fund used for fixed asset replacements and other funds. As of December 31, 2011, the Nursing Home met the funding requirements of the depreciation reserve fund. The mortgage is collateralized by substantially all of the Nursing Home's property, buildings and equipment and gross receipts derived from operations.

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Principal payments under the FIFA mortgage for the next five years and thereafter consist of

RNH Mortgage

2012	\$	1,055
2013		1,110
2014		955
2015		600
2016 and thereafter		395
	\$	<u>4,115</u>

- c *Restructuring Pool Loan* The Medical Center borrowed, through DASNY, \$1,000, of which \$1,000 was outstanding at December 31, 2011

The loan does not bear interest and in kind interest has not been recorded Principal payments under the restructuring pool loan for the next year consists of

Restructuring Pool Loan

2012	\$	114
2013		342
2014		343
2015		201
	\$	<u>1,000</u>

- d *Notes Payable* In December 2010, the Company signed a note for \$504 with a lender to finance its annual insurance premiums The note bears an interest rate of 3.5% and provides for monthly payments of approximately \$53 and the first payment was made in January 2011

In July 2010 the company signed a three years note for \$256 with a vendor to finance the purchase of computer software There is no interest rate and in kind interest has not been recorded and provides for monthly payments of \$7 The computer software has been pledged as collateral

- e *Capital Leases* Scheduled payments on capital lease obligations are in the following table Interest rates related to these capital lease obligations range from 4.0% to 12.3% The various assets purchased from these lease agreements, have been pledged as collateral

2012	\$	1,668
2013		1,154
2014		614
2015		636
2016		129
		<u>4,201</u>
Less Imputed interest		<u>(470)</u>
	\$	<u>3,731</u>

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The fair value of long term debt excluding capital leases, at December 31, 2011 and December 31, 2010 is \$19,976 and \$17,408, respectively. Fair values are based on current borrowing rates for similar types of debt, using discounted cash flow analyses.

7. Commitments

The following schedule presents future minimum lease payments under noncancelable operating leases at December 31, 2011:

2012	\$	1,045
2013		990
2014		980
2015		793
2016 and thereafter		219
	\$	<u>4,027</u>

Total rental expense charged to operations aggregated approximately \$1,437 and \$1,369 for the years ended December 31, 2011 and 2010, respectively.

8. Interest in Foundation

Assets held by the Foundation for which the Company is deemed to have an economic interest consist of cash and marketable securities (at fair value). These assets were comprised of the following at December 31, 2011 and 2010:

	2011	2010
Cash and cash equivalents	\$ 670	\$ 728
State of Israel Bonds	666	3
Equity securities		657
	<u>\$ 1,336</u>	<u>\$ 1,388</u>

The interest in the Foundation at December 31, 2011 and 2010 consist of:

	2011	2010
Unrestricted		
Board designated for building and equipment replacement	<u>\$ 1,336</u>	<u>\$ 1,388</u>

9. Pension and Similar Benefit Plans

The Company has various pension plans and postretirement benefit plans.

Union employees are covered by the Company's contributions to the union fund. Total annual expense of the plan was \$7,043 and \$5,132 for the years ended December 31, 2011 and 2010, respectively.

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Nonunion employees are covered by the Health Services Retirement Plan ("HSRP"), which is a multi-employer defined benefit plan. This plan allows for amortization of prior service costs, for funding purposes, over a period of up to 30 years. Effective January 1, 2002, the Company amended its retirement plan document to curtail future benefits of the defined benefit pension plan. As a result of the Plan amendment, employees no longer earn additional defined benefits for future services.

The Company has a contributory postretirement medical benefit plan and a noncontributory postretirement life insurance benefit plan which cover all nonunion employees that have a minimum of ten years of service and attained age 55 by December 31, 1994 or have a minimum of twenty years of service and have attained age 65 by December 31, 1994. Spouses receive medical benefits coverage up to the end of the calendar year when the retiree dies, or six months following the retiree's death, whichever is less. As a result of the Plan Amendment, employees no longer earn additional benefits for future services.

There are no employee contributions for grandfathered retirees for the Medicare supplemental plan. For retirees and active employees who are not grandfathered by July 1, 1995, the retirees must contribute the excess of \$700 and \$500 per annum per retiree and per spouse, respectively, for the Medicare supplemental plan and other benefits. Life insurance benefits are \$5,000 for all future retirees. Current retiree life insurance benefits of \$5,000 or less are grandfathered.

The following table summarizes the pension and postretirement plans benefit obligation, fair value of plan assets, and the funded status as of December 31.

	Retirement Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Change in benefit obligation				
Benefit obligation at beginning of year	\$ 16,634	\$ 15,897	\$ 1,466	\$ 1,768
Service cost		-		-
Interest cost	786	863	72	97
Actuarial loss (gain)	2,266	863	-	(245)
Benefits paid	(1,071)	(989)	(70)	(154)
Benefit obligation at end of year	<u>18,615</u>	<u>16,634</u>	<u>1,468</u>	<u>1,466</u>
Change in plan assets				
Fair value of plan assets at beginning of year	12,833	12,286	-	-
Actual return on plan assets	(319)	1,418		-
Employer contributions	-	118	70	154
Benefits paid	(1,071)	(989)	(70)	(154)
Fair value of plan assets at end of year	<u>11,443</u>	<u>12,833</u>	<u>-</u>	<u>-</u>
Funded status	<u>(7,172)</u>	<u>(3,801)</u>	<u>(1,468)</u>	<u>(1,466)</u>
Net amount recognized	<u>\$ (7,172)</u>	<u>\$ (3,801)</u>	<u>\$ (1,468)</u>	<u>\$ (1,466)</u>

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	Retirement Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Amounts recognized in the statement of financial position consist of				
Noncurrent assets	\$ -	\$ -	\$ -	\$ -
Current liabilities		-	(116)	(154)
Noncurrent liabilities	(7,173)	(3,801)	(1,351)	(1,312)
Net amounts recognized	<u>\$ (7,173)</u>	<u>\$ (3,801)</u>	<u>\$ (1,467)</u>	<u>\$ (1,466)</u>
Amounts recognized in net unrestricted assets consist of				
Transition obligation	\$ -	\$ -	\$ 216	\$ 289
Net loss/(gain)	9,852	6,637	(67)	(68)
Prior service cost (credit)	5	7	2	11
Total amount recognized	<u>\$ 9,857</u>	<u>\$ 6,644</u>	<u>\$ 151</u>	<u>\$ 232</u>
Amounts in net unrestricted assets expected to be recognized in net periodic benefit cost in next year				
Amortization of transition obligation	\$ -	\$ -	\$ 72	\$ 72
Amortization of unrecognized net loss		-		-
Amortization of prior service cost	2	2	9	9
	<u>\$ 2</u>	<u>\$ 2</u>	<u>\$ 81</u>	<u>\$ 81</u>

The projected benefit obligation, accumulated benefit obligation, and fair value of plan assets for the defined benefit plan are as follows

	December 31,	
	2011	2010
Projected benefit obligation	\$ 18,615	\$ 16,634
Accumulated benefit obligation	18,615	16,634
Fair value of plan assets	11,443	12,833

Weighted-average assumptions used to determine benefit obligations at December 31 are as follows

	Retirement Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Discount rate	4.02 %	5.04 %	3.78 %	5.00 %
Rate of compensation increase	N/A	N/A	N/A	N/A
Medical cost inflation per year	N/A	N/A	5.00 %	5.00 %
Year that rate reaches ultimate trend rate	N/A	N/A	2011	2010

The health care trend rate used in the expense computation for 2011 and 2010 is 5%, which is the ultimate trend rate. The health care cost trend rate assumption has an insignificant effect on the amounts reported.

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In 2011, the effect of a 1% change in the health care cost trend rate is as follows

	<u>1% Increase</u>	<u>1% Decrease</u>
Effect on total service and interest cost	\$ 6	\$ 5
Effect on post retirement benefit obligation	162	106

Weighted-average assumptions used to determine net periodic benefit cost for the years ended December 31 are as follows

	<u>Retirement Benefits</u>		<u>Postretirement Benefits</u>	
	2011	2010	2011	2010
Discount rate	5.04 %	5.60 %	5.00 %	5.00 %
Expected return on plan assets	7.75 %	7.75 %	N/A	N/A
Rate of compensation increase	N/A	N/A	N/A	N/A

The following table provides the components of the net periodic benefit cost for the plans for the years ended December 31

	<u>Retirement Benefits</u>		<u>Postretirement Benefits</u>	
	2011	2010	2011	2010
Components of net periodic benefit (credit) cost				
Service cost	\$ -	\$ -	\$ -	\$ -
Interest cost	786	863	71	97
Amortization of loss (gain)	392	324	-	115
Net amortization of transition liability		-	72	72
Expected return on plan assets	(1,021)	(1,052)		-
Net amortization of prior service cost	2	2	9	9
Net periodic benefit cost	<u>159</u>	<u>137</u>	<u>152</u>	<u>293</u>
Other changes in net unrestricted assets				
Recognized in net unrestricted assets				
Net loss (gain)	3,606	497		(245)
Amortization of loss	(392)	(324)		(115)
Amortization of transition obligation	-	-		(72)
Amortization of prior service cost	(2)	(2)		(9)
Total recognized net unrestricted assets	<u>3,212</u>	<u>171</u>	<u>-</u>	<u>(441)</u>
Total recognized in net periodic benefit cost and net unrestricted assets	<u>\$ 3,371</u>	<u>\$ 308</u>	<u>\$ 152</u>	<u>\$ (148)</u>

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Basis Used to Determine the Expected Long-Term Rate of Return of Assets

The assets in the plan trust are invested in a mix of equity and fixed income securities, with a current weighting of about 65%/35%. The long term compound annual returns in the past 20, 30, 40, or 50 year periods has ranged from 6.76% - 9.16% for various mixes of fixed income securities. The returns on large-cap US equities have ranged from 10.6% to 12.99% for those same periods. Based on the plan's mix, and these historical statistics, HSRP believes that an asset return assumption in the range of 7.5% to 8.5% is reasonable.

The measurement date used to determine pension and postretirement benefit measurements is December 31.

Plan Assets

The Company's pension plan weighted-average allocations at December 31, by asset category, are as follows:

	Plan Assets	
	2011	2010
Equity securities	46 %	65 %
Debt	24	35
Other	30	0
	<u>100 %</u>	<u>100 %</u>

The following table summarizes the Plan's financial instruments, not included with the Hospital's balance sheets, measured at fair value on a recurring basis by caption and by level within the valuation hierarchy as of December 31, 2011 and 2010:

	Fair Value December 31, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Plan Assets				
Cash and cash equivalents	\$ 211	\$ -	\$ 211	\$ -
Equity				
Domestic	2,787	2,787	-	-
Global	1,497	581	916	-
Emerging markets	569	71	498	-
Fixed income	2,733	1,679	1,054	-
Marketable alternatives	1,798	188	-	1,610
Inflation hedging	1,587	376	1,211	-
Non-marketable alternatives	260	-	-	260
	<u>\$ 11,442</u>	<u>\$ 5,682</u>	<u>\$ 3,890</u>	<u>\$ 1,870</u>

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	Fair Value December 31, 2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Plan Assets				
Cash and cash equivalents	\$ 283	\$ -	\$ 283	\$ -
Equity				
Domestic	3,087	3,087	-	-
Global	1,847	674	1,173	-
Emerging markets	697	-	697	-
Fixed income	2,689	1,575	1,114	-
Marketable alternatives	1,816	-	-	1,816
Inflation hedging	2,198	606	1,592	-
Non-marketable alternatives	216	-	-	216
	<u>\$ 12,833</u>	<u>\$ 5,942</u>	<u>\$ 4,859</u>	<u>\$ 2,032</u>

The Company's valuation methods and assumptions have been described in Note 1

The table below presents the change in fair value measurements that used Level 3 inputs during the periods ended December 31, 2011 and 2010

	2011		
	Marketable Alternatives	Inflation Hedging	Non-marketable Alternatives
Balance at beginning of year	\$ 1,816	\$ -	\$ 216
Realized gain (loss) on securities	(1)		(8)
Transfers and fees	(57)		(14)
Unrealized gain (loss) on securities	(148)		28
Net redemptions	-		38
Balance at end of year	<u>\$ 1,610</u>	<u>\$ -</u>	<u>\$ 260</u>

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Notes to Combined Financial Statements
December 31, 2011 and 2010

(in thousands of dollars)

	2010		
	Marketable Alternatives	Inflation Hedging	Non-marketable Alternatives
Balance at beginning of year	\$ 1,831	\$ 1,474	\$ 131
Realized gain (loss) on securities	16	-	7
Transfers and fees	(241)	(1,474)	(17)
Unrealized gain (loss) on securities	210	-	28
Net redemptions	-	-	67
Balance at end of year	\$ 1,816	\$ -	\$ 216

Description of Investment Policies and Strategies

The fund's assets have a target allocation as follows

	Target Allocation	Allowable Range
U S Equity	23 %	18-28%
Global ex U S Equity	14 %	10-20%
Emerging Markets Equity	4.5 %	3-6%
Hedge Funds	14 %	10-20%
Inflation Hedging/Real Assets	15 %	10-20%
Private Equity/Venture Capital	9.5 %	0-10%
Long Bonds	20 %	15-25%
Cash	0 %	0-5%
	100 %	100 %

The investment policy of the plan's trust is to maintain a diversified portfolio with a target allocation of about 60% equities and 40% fixed income

The objective for the non-U S stock component is to provide broad exposure to developed and emerging markets, best represented by the Morgan Stanley Capital International All-Country World Ex-U S Index. The passive investment vehicle employed tracks the MSC1 EAFE Index that excludes the emerging markets. A dedicated active emerging markets allocation will be maintained within the non-U S stock component to offset the lack of emerging markets exposure in the passive portfolio. The target allocation of the aggregated dedicated emerging market portfolio relative to the passive portfolio will be the emerging market weight within the Morgan Stanley Capital International All-Country World Ex-U S Index with a permissible range of plus or minus 4%.

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

Ordinary cash flows will be used to maintain the allocation as close as practical to the normal allocation. If cash flows are insufficient to maintain the allocation within the permissible ranges as of any calendar quarter end, the Health Services Retirement Plan ("HSRP") staff shall transfer balances as necessary between the asset classes to bring the allocation back to the target.

Funds are to be diversified in order to minimize the impact of large losses in individual investments. Multiple investment managers may be retained to further that end.

Estimated Future Benefit Payments

Benefit payments, which reflect expected future service, as appropriate, are expected to be

Year	Pension Benefits	Postretirement Benefits
2012	\$ 1,194	\$ 119
2013	1,198	118
2014	1,249	121
2015	1,210	119
2016	1,231	116
Years 2017 to 2021	5,877	521

The Company has established a 403(b) defined contribution plan effective January 1, 2002 for all nonunion employees who work more than 1,000 hours and are at least age 21. Employer contributions of 6.25% to 9.50% are made to all eligible employees. Total expenses were approximately \$2,378 and \$2,348 for the years ended December 31, 2011 and 2010. Total expected contributions to the defined contribution plan for fiscal 2012 are expected to be \$2,378.

On December 8, 2003 the Medical Prescription Drug, Improvement and Modernization Act of 2003 ("the Act") was signed into law. The Act introduced a prescription drug benefit under Medicare Part D as well as a Federal subsidy to employers whose plans provide an "actuarial equivalent" prescription drug benefit. As management opted not to apply for the subsidy, there was no impact on the 2011 and 2010 financial statements.

The health care reform was enacted in 2010 but was deemed not to have a significant impact on the Plan's obligations.

10. Insurance

Professional and General Liability Insurance The Medical Center maintains a self-insurance program for medical professional and general liability losses as follows:

Medical Professional Liability The Medical Center is self-insured for medical professional liability claims for occurrences subsequent to November 17, 1985. Prior to that date, the Company had commercial coverage with a variety of retention levels, which vary by year and type of claimant (i.e., patient, nonpatient).

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

Notes to Combined Financial Statements

December 31, 2011 and 2010

(in thousands of dollars)

General Liability The Medical Center self-insures for general liability claims for patients for occurrences between November 22, 1989 through December 31, 1992 and subsequent to January 1, 2001. The Company had commercial coverage with varying retention levels for nonpatient and patient losses for all other periods prior to November 1989.

The estimated undiscounted professional and general liabilities including incurred but not recorded claims from the Medical Center aggregated approximately \$15,468 and \$19,381 at December 31, 2011 and 2010, respectively, and are reflected in the Company's combined statements of financial position based on actuarially determined values and current estimates provided by external legal counsel.

The Medical Center funds a revocable self-insurance trust fund for the projected cost of future medical professional liabilities. Suggested funding levels are actuarially determined based on assumed funding levels and a projected investment return on the self-insured trust fund. At December 31, 2011 and 2010, the balance of the self-insurance trust fund was approximately \$14,252 less and \$18,631 less than the actuarially determined suggested funding levels.

11. Concentration of Credit Risk

Financial instruments that potentially subject the Company to concentration of credit risk consist of accounts receivable, cash, and investments. The Company receives a significant portion of its payments for services rendered from a limited number of government and commercial third-party payers, including Medicare and Medicaid (see Note 2). At December 31, 2011 and 2010, the Company had approximately 39.42% and 46%, respectively, of its cash deposited in one financial institution. Investments, which include government and agency securities and stocks, are not concentrated in any corporation or industry. The Company has not historically incurred any significant credit losses outside the normal course of business.

12. Contingencies

In 2010, the Company entered into a structured settlement agreement with the New York State Department of Health relating to previously established liabilities. Pursuant to the agreement, the liability will be settled through a combination of withholds of future Medicaid reimbursements, additional repayments based on predetermined excess operating cash thresholds, and through withholds of future positive retroactive adjustments. The outstanding liability at December 31, 2011 and 2010 is approximately \$25.3 million and \$30.6 million, respectively, and is properly segregated between current and long term based on the expected payment stream. Expected annual payments, exclusive of withholds of future positive retroactive adjustments, approximate \$369.

Various law suits and claims arising in the normal course of operations are pending or are in progress against the Company. Such law suits and claims are either specifically covered by insurance or are not deemed material by management. While the outcome of these law suits cannot be determined at this time, management believes the ultimate outcome of these matters will not have a material adverse effect on the financial position, results of operations, or cash flows of the Company.

At December 31, 2011, approximately 81% of the Company's total employees are covered by collective bargaining agreements.

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Notes to Combined Financial Statements
December 31, 2011 and 2010

(in thousands of dollars)

13. Subsequent Events

In preparing these financial statements, management has evaluated and disclosed all material subsequent events up to May 29, 2012, which is the date that the financial statements were available to be issued



**Report of Independent Auditors on
Accompanying Combining Information**

The Board of Trustees' of
Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc

The report on our audits of the combined financial statements of Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc as of December 31, 2011 and 2010 and for the years then ended appear on page 1 of the document. Those audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The combining information on pages 30-33 is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the combined financial statements. The combining information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining information is fairly stated, in all material respects, in relation to the combined financial statements taken as a whole. The combining information is presented for purposes of additional analysis of the combined financial statements rather than to present the balance sheet, results of operations and changes in net assets of the individual organizations and are not a required part of the combined financial statements. Accordingly, we do not express an opinion on the balance sheet, results of operations and changes in net assets of the individual organizations of Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.

PricewaterhouseCoopers LLP

May 29, 2012

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Combining Balance Sheets
December 31, 2011 and 2010

(in thousands of dollars)

	Kingsbrook Jewish Medical Center	Rutland Nursing Home, Inc.	Eliminations	Total December 31,	
				2011	2010
Assets					
Current assets					
Cash and cash equivalents	\$ 4,134	\$ 2,760	\$ -	\$ 6,894	\$ 8,256
Cash-funds held in trust for residents		240		240	239
Investments		112		112	1,216
Assets limited as to use	11,275	313		11,588	11,064
Accounts receivable less allowance for doubtful accounts	26,142	10,022		36,164	36,940
Inventories and other current assets	4,632			4,632	4,777
Other receivables	6,228			6,228	2,569
Total current assets	52,411	13,447	-	65,858	65,061
Assets limited as to use, less current portion	3,306	2,261		5,567	5,968
Property, buildings and equipment, net	38,024	6,376		44,400	46,451
Other assets	2,053			2,053	3,311
Interest in Kingsbrook Jewish Medical Center Foundation, Inc	1,336			1,336	1,388
Due from related organization	26,714		(26,714)	-	-
Total assets	\$ 123,844	\$ 22,084	\$ (26,714)	\$ 119,214	\$ 122,179

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Combining Balance Sheets
December 31, 2011 and 2010

(in thousands of dollars)

	Kingsbrook Jewish Medical Center	Rutland Nursing Home, Inc	Eliminations	Total December 31,	
				2011	2010
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	\$ 3,756	\$ 1,055	\$ -	\$ 4,811	\$ 4,836
Accounts payable and accrued expenses	32,119	851		32,970	29,562
Accrued salaries and related liabilities	18,152			18,152	16,902
Funds held in trust for residents		240		240	239
Other current liabilities	9,875	369		10,244	11,842
Accrued postretirement benefit cost				-	154
Total current liabilities	63,902	2,515	-	66,417	63,535
Long-term debt, less current portion	10,008	3,060		13,068	17,525
Estimated self-insurance liabilities, less current portion	12,178			12,178	13,668
Accrued pension liability	7,173			7,173	3,801
Accrued postretirement benefit cost Due to related organization	1,468	26,714	(26,714)	-	-
Estimated third party settlements and other noncurrent liabilities	5,721	25,049		30,770	36,202
Total liabilities	100,450	57,338	(26,714)	131,074	136,043
Unrestricted net assets (deficit)	23,394	(35,254)		(11,860)	(13,864)
Total liabilities and unrestricted net assets (deficit)	\$ 123,844	\$ 22,084	\$ (26,714)	\$ 119,214	\$ 122,179

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc. **Combining Statements of Operations** **Years Ended December 31, 2011 and 2010**

(in thousands of dollars)

	Kingsbrook Jewish Medical Center	Rutland Nursing Home, Inc	Eliminations	Total December 31,	
				2011	2010
Operating revenues					
Net patient service revenues	\$ 191,253	\$ 71,885	\$ -	\$ 263,138	\$ 255,826
Other revenue	46,119	2,203	(39,571)	8,751	7,016
Total operating revenues	237,372	74,088	(39,571)	271,889	262,842
Operating expenses					
Salaries and wages	99,197	37,626		136,823	134,083
Employee benefits	31,869	13,979		45,848	42,480
Supplies and other expenses	80,748	24,006	(39,571)	65,183	65,046
Provision for bad debts	5,728	3,185		8,913	8,211
Depreciation and amortization	7,390	869		8,259	9,417
Interest	1,043	250		1,293	1,547
Total operating expenses	225,975	79,915	(39,571)	266,319	260,784
Operating gain	11,397	(5,827)	-	5,570	2,058
Other changes in unrestricted net assets					
Other changes in unrestricted net assets					
Change in pension and postretirement obligations	(3,374)			(3,374)	270
Other	(192)			(192)	175
Increase in unrestricted net assets	\$ 7,831	\$ (5,827)	\$ -	\$ 2,004	\$ 2,503

Kingsbrook Jewish Medical Center and Rutland Nursing Home, Inc.
Combining Statements of Changes in Net Assets (Deficit)
Years Ended December 31, 2011 and 2010

(in thousands of dollars)

	Kingsbrook Jewish Medical Center Unrestricted	Rutland Nursing Home, Inc. Unrestricted	Total Unrestricted
Net assets (deficit) at December 31, 2009	\$ 8,062	\$ (24,429)	\$ (16,367)
Operating gain	7,056	(4,998)	2,058
Change in pension and postretirement obligations	270	-	270
Other	175	-	175
Total change in net assets	7,501	(4,998)	2,503
Net assets (deficit) at December 31, 2010	15,563	(29,427)	(13,864)
Operating gain	11,397	(5,827)	5,570
Change in pension and postretirement obligations	(3,374)	-	(3,374)
Other	(192)	-	(192)
Total change in net assets	7,831	(5,827)	2,004
Net assets (deficit) at December 31, 2011	\$ 23,394	\$ (35,254)	\$ (11,860)